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Award Number: W81XWH-04-C-0006

TITLE: International Biodefense Enhancement Capabilities from a Policy Perspective

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REPORT DATE: May 2005

TYPE OF REPORT: Final

PREPARED FOR: U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

DISTRIBUTION STATEMENT: Approved for Public Release;
Distribution Unlimited

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REPORT DOCUMENTATION PAGE

Form Approved
OMB No. 074-0188

1. AGENCY USE ONLY (Leave blank)	2. REPORT DATE	3. REPORT TYPE AND DATES COVERED
	May 2005	Final (18 Dec 2003 - 30 Apr 2005)

4. TITLE AND SUBTITLE
International Biodefense Enhancement Capabilities from a Policy Perspective

5. FUNDING NUMBERS
W81XWH-04-C-0006

6. AUTHOR(S)
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8. PERFORMING ORGANIZATION REPORT NUMBER

9. SPONSORING / MONITORING AGENCY NAME(S) AND ADDRESS(ES)
U.S. Army Medical Research and Materiel Command
Fort Detrick, Maryland 21702-5012

10. SPONSORING / MONITORING AGENCY REPORT NUMBER

11. SUPPLEMENTARY NOTES

12a. DISTRIBUTION / AVAILABILITY STATEMENT
Approved for Public Release; Distribution Unlimited

12b. DISTRIBUTION CODE

13. ABSTRACT (Maximum 200 Words)
Abstract on page 4.

14. SUBJECT TERMS
Bioterrorism, civilian, emergency, Pan-American, policy, preparedness, scenarios, self-assessment

15. NUMBER OF PAGES
91

16. PRICE CODE

17. SECURITY CLASSIFICATION OF REPORT	18. SECURITY CLASSIFICATION OF THIS PAGE	19. SECURITY CLASSIFICATION OF ABSTRACT	20. LIMITATION OF ABSTRACT
Unclassified	Unclassified	Unclassified	Unlimited

Table of Contents

ABSTRACT

Proposal Title: *(120 Characters Maximum)*
International Biodefense Enhancement Capabilities from a Policy Perspective

Keywords: *(6-8 words)*
Bioterrorism, Civilian, Emergency , Pan-American, Policy, Preparedness, Scenarios, Self-Assessment

Abstract: (Type within outline: approximately 200 words)

Civilian populations across the world have a great deal to accomplish in the effort to enhance preparedness against potential mass casualty incidents. Strategies for Incident Preparedness: A National Model and the online Hospital Self-Assessment Tool (developed by CIMERC) will be made available in the Spanish language to address this global need.

The need to provide strategic assessment and preparedness enhancement tools in diverse language sets was further underscored at the 2003 American Telemedicine Association meeting in Orlando, Florida. Major General Martinez-Lopez, during his speech at the International Day meeting, requested and encouraged international partnerships and ventures in the spirit of advancement. A partnership between CIMERC and eSalud Americas (formerly ERA Digital) to provide the Hospital Self-Assessment Tool and the Strategies for Incident Preparedness: A National Model for an international community represents one such opportunity.

The proposed translation and adaptation effort and the implementation networking effort by eSalud Americas and CIMERC complements present efforts within Argentina. This collaboration and interaction with the Pan-American Health Organization will provide a major dissemination window starting with Argentina to the rest of Latin American cultures.

Provision of the identified strategic tools will have an immediate impact on domestic and international preparedness for mass casualty incidents. CIMERC, presently a national biodefense repository, will begin to develop an international component that will invariably serve to complement both domestic and international emergency response practices.

INTRODUCTION AND BACKGROUND

Purpose and scope of the work

Recent and dramatic increases in international terrorism presents the Latin American countries with the need to bolster their state of preparedness and readiness for mass casualty incidents (MCI's) regardless of origin. As obstacles to crossing international borders lessen and mobility at the societal level continues to increase, public health risks will quicken at an alarming rate. A biological threat, whether the result of a weapon intended to cause mass destruction (WMD) or representative of the next pandemic, remains an international threat. As stated in the executive summary of the *PAHO Project on Preparedness for BCR Terrorism*, "Developing the capacity of the health sector to address any sudden occurrence of epidemic outbreaks or release of hazardous substances, regardless of their cause, is the most effective public health investment to prepare for terrorism acts." (PAHO, website)

Argentinean Emergency Medical Response History

The history of the Argentinean Mass Casualty Response community is linked with that of the country's political and social history. For years, military forces took the lead during mass casualty incidents, while civilian agencies predominantly played a support role. For example, the Department of Civil Protection fulfilled this support role in all major cities. However, after 1983, with the beginning of an uninterrupted alternation of democratic governments, military coordination of MCI's fell to the wayside and the need for reorganization of the civilian sector emerged as critical.

Federal Emergencies System (Sistema Federal de Emergencias – SIFEM)

The Federal Emergencies System was created by Act 1250/99 on 28 October 1999 as the responsible body for articulating national policy and coordinating service activities within the provinces including Buenos Aires City Government and municipalities. SIFEM's (Appendix B) mission is to decrease human loss, materiel damage and social and economic perturbations caused by natural or manmade phenomenon, and to improve the government management by establishing a national, provincial and local level coordination of all sectors by formulating policies and action plans. SIFEMS's budget was estimated at around 50 million American dollars, but suffered a number of cutbacks due to a complex chain of bureaucratic events during President De la Rua's administration. (SIFEM, website)

After President De la Rua's resignation and the social-political crisis and the fiscal crash of December 2001, President Duhalde's administration came into power and made insignificant changes to SIFEM's bottom line. With the Act 1418/2002 of 21 February 2002, SIFEM was transferred to the Justice, Security and Human Rights Ministry, and Internal Security Secretary; the latter department is equivalent to the Department of Homeland Security in the United States.

During the final days of July 2004, a riot organized by sex workers in Buenos Aires City exposed irreconcilable differences between Argentina's President Kirshner and Minister Beliz, Minister of Justice, Security and Human Rights. As a result, Mr. Beliz and his entire staff resigned and the responsibility for Homeland Security was transferred to the Internal Affairs Ministry. SIFEM experienced an additional change at this time with the appointment of a new director, Mr. Schbib, and the creation of the National Civil Protection.

Servicio de Ayuda Médica de Emergencia – SAME
Within major cities, such as Buenos Aires, the local Medical Emergency Response System's (SAME) infrastructure and capabilities are dependent upon the respective municipality's administration and budget. The fundamental responsibility of SAME is to provide emergency response capabilities within a defined region. For example, the SAME in Buenos Aires consists of a network of general and specialized hospitals organized by increasing sophistication in emergency service capabilities. The SAME is responsible for the organization, coordination and direction of a sanitary response during natural or manmade disasters with individual or mass casualties. All activities are regulated from the Operations Center 24 hours a day, 7 days a week. The SAME's organization was modeled after the French Emergency Response Service (Service d'Aide Medicale d'Urgence – SAMU) created in late 60's in Toulouse (France). (SAME, website)

Civil Defense/Civil Protection
Dialing '103' (Appendix C) is a 24/7 service that connects civilians to the Emergencies Service of Civil Defense. This system is akin to the US-based 911 system and provides a notification mechanism for emergency situations such as: floods, street accidents, fire, toxic substances overflow, terrorist attacks and disasters.

Civil Defense coordinates and controls all the Buenos Aires City's Government operations in disaster situations. This agency manages the Emergency Operations Center (EOC), linking the following emergency response agencies: Help Guard, SAME, Fire Department, Street Assistant Body (CEVIP) and public services companies (Metrovías, Aguas Argentinas, Edesur, Edenor, Metrogas). Since January 2005, CIVIL PROTECTION (aka SIFEM), within Homeland Security (Ministery of Internal Affairs) assumed responsibility for federal coordination. (Civil Defense, website)

National Direction of Civil Defense/Civil Protection
The federal department for Civil Defense and Civil Protection, assuming all SIFEM activities, formulates the doctrine, policy and planning of the Civil Defense of the Argentine Republic; coordinates the plans and activities of the Civil Protection/Defense of the provinces and the independent city of Buenos Aires; coordinates the federal aid for cases of disaster or internal commotion; and coordinates the support of the Forces of Security, of the Federal Police of Argentine and the three armed forces (Army, Navy and Air force) with the Civil Defense. The principal objective of Civil Defense and Civil Protection is the mitigation of disasters, to address the needs of the affected populations, and in coordinating/managing reconstruction activities. (Civil Protection, website)

Recent Complex Medical Emergencies in Argentina
Israel Embassy Terrorist Attack
17 March 1992 at 2:47 pm the Israeli Embassy in Buenos Aires, 910 Arroyo Street, suffered an explosion resulting in 29 lost and more than 100 injured. (Israel Embassy, Website)

AMIA Attack
18 July 1994 at 9:53am an explosion occurred at the Argentine Israeli Mutual Association (AMIA) in Buenos Aires, causing 85 lost and more than 300 injured. (AMIA, Website)

Santa Fe Province Floods
April 2003, Santa Fe Province floods resulted in more than 60,000 people being evacuated and 22 lost. (Clarin Newspaper, 2003)

Kromañon Disco Fire
30 December 2004, 200 casualties and 600 injured as the result of a flare igniting a flammable material on the roof of the *Republic of Kromañon* disco in Buenos Aires. (La Nacion Newspaper, 2004)

Organizational Background

***eSalud Américas* (formerly known as ERA Digital)**

ERA Digital Foundation is a non-governmental organization (NGO) created to reduce the social divide to digital access promoting massive and common use of Internet Protocol (IP)-based applications as well as Information and Communication Technology (ICT)-based services to increase local and national development. Four global action lines are emphasized through the work of ERA Digital: efficient use of present infrastructure and resources, i-Matching to integrate local leaders with digital opportunities or access to ICT solutions that respond to their daily needs, assessments and project coordination, and research and development of ICT solutions to data access and fusion needs. After three successful years domestically and in the international arena, ERA Digital is entering a new phase and will focus solely on Argentina-based efforts.

Throughout 2004 international requests have been received with increasing intensity by ERA Digital's Health Team, such as proposals to lead eHealth projects in Central America, cooperation with Mexico Health Ministry, and joint projects with Canadian and European teams. Therefore, in an effort to remain in accordance with national law and to meet international demand, ERA Digital's Administrative Board orchestrated a major reorganization resultant in a separate entity to spearhead ongoing international and health projects. This new organization is eSalud Américas (eHealth Americas) and is effective on an immediate basis starting December 2004.

***National Bioterrorism Civilian Medical Response Center* (CIMERC)** is a university-based, pre-planning organization designated by the United States Congress in 2000 for biological mass casualty preparedness. CIMERC continues to work with governmental and non-governmental agencies on a local, national and international level to identify and develop important technologies to enable an effective response for mass casualty incidents. In a time when the rapid evolution of information and knowledge about effective response to MCI threats is compounded by the need for education and policy development across diverse communities, as well as effective remediation practices and advanced C2 technologies providing accurate and secure information, dynamic solutions emerge as a necessity. CIMERC continues to focus on the development of enabling technologies that promote the development and use of integrated response systems that effectively and naturally coordinate efforts between response organizations at the various levels.

In 2003, eSalud Américas (at that time ERA Digital) and CIMERC fostered a partnership to translate and to adapt for the Argentinean emergency response community the web-based

Hospital Self-Assessment Tool and *Strategies for Incident Preparedness: A National Model.* This partnership resulted from the 2003 American Telemedicine Association meeting and the identified need for the provision of redundant and strategic assessment and preparedness tools in diverse language sets to aid national and international communities in their efforts to enhance preparedness for potential MCI's on multiple dissemination platforms.

Instrument Background

Hospital Self-Assessment Tool

Emergency departments and emergency physicians will play an essential role in the initial triage, evaluation and treatment of patients resulting from a biological and/or chemical event. The online preparedness tool provides medical professionals a means to assess a health care institution's preparedness level to evaluate and treat mass biological or chemical-related casualties as they compare to a benchmark. This is accomplished through the use of an interactive Self-Assessment questionnaire developed and validated by an expert consensus panel. Responses to the Self-Assessment questions are derived from the Domestic Preparedness Defense Against Weapons of Mass Destruction: Hospital Provider Course manual used by the Soldier Biological and Chemical Command Domestic Training Program. In June of 2002, CIMERC sponsored a two-day Terrorism Preparedness Consensus Panel to validate the Self-Assessment tool. The Panel consisted of terrorism experts from across the country, with backgrounds in medicine, law enforcement, public health, emergency management services, and military expertise.

From an international standpoint, the hospital Self-Assessment tool will permit hospitals and healthcare facilities to assess their respective institutional preparedness from a policy perspective. In addition, partnership with eSalud Américas will permit the continued testing and development of the assessment tool, and will ultimately contribute to the robustness of the instrument by testing it against the needs of an international, multidisciplinary community.

Strategies for Incident Preparedness: A National Model

The Guidebook was initially developed as a regional training resource for Philadelphia-area MCI response agencies. The primary objective of this tool was to assist hospitals, health systems, and other health care organizations in preparing for the consequences of natural or man-made disasters resulting in mass civilian casualties. The Guidebook establishes a foundation for training medical staff to consider and to prepare for medical worst-case scenarios. This concept encourages the emergency medical response community to develop a training, planning and exercise program for hospital staff utilizing existing staff to address a number of biological, chemical and related terrorist incidents, as well as other, more common, natural and man-made disasters. The impact of the Guidebook on the region and the numerous requests from neighboring regions and states has resulted in the development of ***Strategies for Incident Preparedness: A National Model*** (May 2003). This new edition of the Guidebook is designed to guide hospitals on a national scale through the development of region specific scenarios for distinct locales. Collaboration with eSalud Américas has permitted further expansion of this endeavor and adaptation of scenarios appropriate for an international audience.

Generalizability of the Instruments

The hospital Self-Assessment tool is representative of an enhancement tool that is capable of addressing and providing a snapshot of an institution's or a region's preparedness for a natural or manmade incident that has mass casualty consequences. Similarly, customizable disaster exercises fosters the organizational ability to leverage the vast experience among senior emergency response personnel and encourages the CRAWL-WALK-RUN philosophy toward planning for emergencies and in handling day-to-day occurrences by concentrating on mastering the basics of an organization and internal coordination before attempting more complex functions. Such enabling tools have inherent policy implications.

Political-sociological Considerations

Resolving the systemic deficiencies that public health and health care agencies face is the sort of challenge that takes years of planning, education and resource direction. There are no illusions about either the importance or the difficulty of this task. Nevertheless, the societal, political and religious challenges that face nations today could have repercussions for medical and emergency management professionals in any community at any time in the immediate future. The most urgent question is, therefore, what steps can be taken at this moment—even in the absence of additional funding, staffing or resources—that might have an immediate positive impact on the ability to administer emergency medical assistance during a widespread national, regional or local crisis?

The medical community and the national infrastructure of public health services that insure community health and vitality maintain a core national significance. It is therefore fundamentally important that the medical community be prepared to sustain continuous medical services during times of crisis; not only to alleviate pain and suffering of the victims, but moreover, to guarantee that faith in its medical institutions and public health system remains sound. The continued enhancement of *Strategies for Incident Preparedness: A National Model* and the *Hospital Self-Assessment Tool* is a step along that path.

The enhancement tools will allow public health agencies and other MCI response agencies the opportunity to:

- ▲ Determine their current state of preparedness in a discrete manner.
- ▲ Collaborate with each other on planning, response and preparedness initiatives for a coordinated response to intentional or naturally occurring MCI's.

PROJECT OBJECTIVES

To ensure that both organizations operated from common objectives, the following priorities emerged:

- ▲ To effectively translate two strategic assessment and preparedness enhancement tools, for the Argentinean people in a culturally and contextually appropriate manner from English to Spanish.
1. Strategies for Incident Preparedness: A National Model, and
2. the Hospital Self-Assessment Tool.

- ▲ To evaluate online questionnaires specific to the two strategic assessment and preparedness enhancement tools.
- ▲ To identify critical stakeholders in various regions/provinces.

- ▲ To garner political support to guarantee acceptance and dissemination.

Outcome Objectives

1. **Outcomes Related to the Self-Assessment Tool (SAT)**
   - ▲ Beta version of the SAT Software
   - ▲ Report on SME meetings' SAT Software Test with institutional participation
   - ▲ SAT Phase1 Final version
2. **Outcomes Related to the Strategies for Incident Preparedness (Guidebook)**
   - ▲ Beta version of the Guidebook
   - ▲ Report on SME meetings' Guidebook Test with institutional participation
   - ▲ Guidebook Phase1 Final version
3. **Outcomes Related to MCI Response Public Policies Perspective**
   - ▲ Argentina's MCI Response Agencies directory.
   - ▲ Institutional and public policies conclusions and recommendations document.
4. **Outcomes Related to Dissemination**

Merging Languages and Cultural Issues

In this US-Argentina joint project, both partners differ in primary languages, social, political, economic and cultural characteristics. These differences impacted the following:

- ▲ Health priorities
- ▲ Political considerations
- ▲ Budgetary constraints
- ▲ Cultural work practices
- ▲ Cultural formalities

To resolve these differences, the following communications methods were established between **CIMERC** and **eSA**:

- ▲ In-person meetings
- ▲ Conference calls
- ▲ E-mails supported by chat exchange sessions

Demonstration of the Need

The need to prepare the Latin American countries for the effects of an intentional or naturally occurring mass casualty incident (MCI) continues to increase. Viewed from the perspective of any single community, it would seem virtually inconceivable that a terrorist event could occur "close to home." To this point, it is important to recognize that the objective of terrorism is to undermine the faith of citizens in their national institutions and in their ability to deal with a direct societal threat. (IFRC, 2004) Furthermore, the threat of the next pandemic caused by an emerging or re-emerging infectious disease remains constant. (IFRC, 2004) On a more local scale, emergency response and planning agencies continue to be challenged with naturally occurring disasters that create a day-to-day strain and represent a precursor to the strain levied by an MCI, whether natural or manmade.

According to the World Disaster's Report by the International Federation of Red Cross and Red Crescent Societies (IFRC), the impacts of disasters have changed dramatically over the last three decades worldwide. While the number of deaths has significantly been reduced, the number of

people affected by natural disasters has increased by almost three-fold. There were 151 reported disasters in the Americas in 2002 – the highest in a decade. These natural disasters affected 2,030,000 people, of which, 2,155 died according to the IFRC's report. (IFRC, 2004)

A need persists for continued efforts to decrease the human impact of naturally occurring as well as intentional disasters. The instruments proposed in this effort will allow local emergency response and planning agencies the opportunity to self-evaluate their capacity for emergency response and then participate in multi-agency planning schemas that will facilitate planning strategies for efficient use of the region's available resources.

METHODS

Meeting Process Overview

eSA staff in Buenos Aires, Argentina translated the enhancement tools from English to Spanish and made draft versions of the tools available to the participants for review. The translation of the enhancement tools was completed in two phases. Phase 1 – five translators specializing in health translation were identified. Phase 2 – the translators were evaluated based upon the effective translation of a common text. Following the completion of this work, the draft tools were made available online for experts from selected functional service disciplines and geographic areas to review. Due to general project logistics, this effort was limited to three SME meetings. Three out of Argentina's twenty-four (24) provinces were selected based upon demographic information – seventy percent (70%) of the country's population was represented by the selected provinces of Buenos Aires, Cordoba and Santa Fe. In an effort to minimize any potential inconvenience to project participants, the capital city of each province was selected for each meeting.

Prior to inviting agencies to participate in this effort, an *Argentina MCI Response Agency Directory* (Appendix D) reflective of the three identified provinces needed to be amassed. Utilizing the directory, SMEs, representing emergency response and planning agencies, were invited (Appendix E) to participate in the online evaluation stage of each instrument. SMEs were selected via a general invitation (Appendix E) to the identified MCI response agencies within the federal government and the three identified project locations (Appendix F). Each agency appointed a representative SME. Participants were asked to convene for consensus development meetings where details about the necessary changes to each instrument were exposed and subsequent plans were laid out for instrument modification. Local PAHO representatives were kept appraised of this process and were invited to participate in the consensus meeting process.

A lead facilitator used the respective tool objectives and the evaluation tools as an interview guide. However, a meeting agenda was provided for all participants (Appendix G). Participants were instructed to review and become familiar with the online drafts of the hospital Self-assessment tool and the Strategies for Incident Preparedness guidebook in advance of the meeting. The facilitator led participants through discussion to bring them to consensus on the contextual appropriateness of the hospital Self-assessment tool and Strategies for Incident Preparedness guidebook for the emergency response and preparedness community of the host country. The points of consensus were recorded and serve as data for this research. Repeated responses were categorized and quantified.

Institutional Review Board

Drexel University and USAMRMC require that projects that collect information from people be reviewed to ensure safe and responsible research. Prior to project implementation, a full description of the project (Appendix H), including limitations and delimitations of the data type, subjects, and methods of data collection were submitted to each institution's IRB for approval based upon the guidelines put forth by the United States Department of Health and Human Services, Office of Research Protection.

Due to the international nature of this project, regulatory agencies at Drexel University and USAMRMC requested pre-approval of the proposed project from a parallel agency in Argentina. The Argentina Medical Association (AMA) assumed the role of this agency and approved the research protocol, even though it had pronounced that according to the laws and regulations of Buenos Aires, Cordoba and Santa Fe provinces, this approval was not necessary (Appendix I).

Merging Methods

Due to the project's sensitive topic, the team established strategic alliances with critical international referral organizations to address the following areas:

- Ethics and human related issues: Argentina Medical Association and US IRB (MRMC and Drexel University).
- Policy perspectives: CIPPEC (Argentina's neutral policy perspective) and PAHO (Latin American and Caribbean policy perspective).
- Neutral moderation: Democratic Change Foundation (facilitators).

Alliances with such respected organizations optimized the credibility of the results and ensured that this effort was carried out within allowed US-Argentinean parameters.

Merging Methodologies

- Operating methodologies: Project methodology was established, vetted and approved by US and Argentinean referral organizations.
- Information and documents: All information and documentation sent to MCI agencies was prepared with sensitivity to Argentinean cultural and political background, while adhering to US human subjects standards.
- Translation of the enhancement tools: One translator was selected from a group of five persons specializing in health translation.
- Subject Matter Experts selection: SMEs were selected via a general invitation to the identified MCI response agencies. The identities were not documented per IRB guidelines.
- Province selection: Three out of Argentina's 24 provinces were selected: Buenos Aires, Cordoba and Santa Fe.
- Visual design modifications: Adaptation of the tools taking into account cultural, historical and political considerations of the target population.

SME Meetings

The three most populated provinces of Argentina were selected for efficient administration of this research. Buenos Aires, Santa Fe, and Cordoba comprise approximately seventy percent

(70%) of the republic's population and therefore, given time and budgetary parameters, were targeted for project implementation.

This research targeted all emergency response agencies within the selected provinces. As such, an official invitation and a follow-up letter were sent from eSalud Americas to the director of all emergency response agencies within the defined geographic areas. The invitation letters described the objectives of the project, as well as the specific request from agencies opting to participate. Recipients of the invitation letter were asked to identify an expert from their agency to attend one (1) subject matter expert meeting in the capital city of their province. Agency representatives were also instructed that a follow-up meeting would be held in Buenos Aires to draw consensus on all of the SME meeting recommendations. Participants in the consensus meeting were drawn from participants in the SME meetings. In the case that no response followed either letter, a phone call to the agency was employed as a reminder about the invitation to participate.

Once an agency representative was identified, they began the web-based evaluation process. The invitation letter included instructions for accessing a secured website that contained the Spanish-translated Hospital Self-Assessment Tool and Strategies for Incident Preparedness, evaluation instruments (Appendices J and K) for each, as well as a brief presentation of the project, including details about each SME meeting. SMEs were further instructed to read through the Hospital Self-Assessment Tool and Strategies for Incident Preparedness and to use the evaluation instruments to provide feedback to eSA and CIMERC. Participants were instructed to complete evaluation forms online or to print a copy of the instrument and provide an unidentified completed copy to SME meeting facilitators.

Categorical interest areas were used to guide discussions during the SME meetings. Categories were selected based upon the objectives of the overall project. They were:

1. Contextual integrity
2. Content validity
3. Content completeness

Participating SMEs were encouraged to discuss relevant points of interest as they pertained to the stated objective and categorical content areas. Points of consensus were recorded and used as data points for this research. Consensus points from each SME meeting represented the driving thrust of topic areas for the final consensus meeting.

Consensus Group Process

The leadership level of each SME was evaluated (Appendix L) for their potential impact on the success of the meetings. SMEs receiving the highest evaluation were asked to report for the final consensus meeting. Each province was represented by two SMEs during the final consensus meeting.

The final consensus meeting was held in Buenos Aires. Building upon the consensus points from the SME meetings, experts added value to each of the instruments. Additional comments outside of the prepared discussion areas of the Hospital Self-Assessment Tool and Strategies for Incident Preparedness were also taken and added for potential areas of development.

RESULTS

The need for the Hospital Self-Assessment Tool (SAT) and Strategies for Incident Preparedness: A National Model (the Guidebook) was underscored throughout the evaluation process. Participants in each of the meetings were tempted to apply the questions from the tools to their own situation and make comments and recommendations toward their own agencies, making it increasingly difficult to keep SMEs focused on the evaluation task. This was an unexpected outcome, as the research objectives were clear regarding the evaluation of the preparedness tools, as opposed to self-evaluation. As a result of this outcome, an operator was applied to determine the applicability of recommendations to the proposed research project. The operator separated recommendations for the two tools from that of recommendations for specific agency changes, since the latter was external to the scope of this project. Those recommendations that extended beyond the intent of this project were later considered for general policy change for the Republic of Argentina, her provinces, local municipalities and/or agency and administration modifications.

Four meetings were held in total to complete the consensus development process. The intended goal was to have three of the four meetings held on a provincial level and attended only by emergency medical response representatives from the province in which the meeting was held. For example, Subject Matter Experts (SMEs) from the province of Santa Fe attended the meeting held in Santa Fe and likewise for the meetings held in the first Buenos Aires meeting, as well as the meeting held in Cordoba. The consensus meeting was held in Buenos Aires and was attended by SMEs representing each of the three provinces. Table 1 demonstrates the attendance summary of each meeting.

Table 1. Meeting Summary

Location	SME Attendance	Date	Location	City
Buenos Aires (1)	8	3 Mar 2005	CIPPEC Foundation	Buenos Aires
Santa Fe	7	8 Mar 2005	Castelar Hotel	Santa Fe
Cordoba	7	10 Mar 2005	Holiday Inn Hotel	Cordoba
Buenos Aires (2)	8	29 Mar 2005	Argentina Medical Association	Buenos Aires

The provincial authorities requested a last minute change in location for the Santa Fe Province meeting from Rosario to Santa Fe City. Both Drexel University's IRB and MRMC's Office of Regulatory Compliance and Quality, Human Subjects Protection were notified regarding this change. Due to this modification, an AMA representative provided oversight to the meeting ensuring that IRB protocols and human subject privacy measures would be followed as described by the project's authorized description.

Due to sensitivity of the topic and issues surrounding the Kromañon Disco fire in Buenos Aires, a clear difference in focus emerged between the Buenos Aires SME meeting and the two other SME meetings. It was very difficult to maintain adherence to the agenda in Buenos Aires, given that the SMEs identified the need to discuss details of the response to the Kromañon event. This information was provided to the consensus meeting facilitator to help manage the process and guide the SMEs to the outcome objectives more efficiently. Furthermore, there is a clear

predisposition for the Cordoba and Santa Fe SMEs and provincial authorities to exchange information and participate in joint efforts with the national authorities, while the Buenos Aires SMEs and representative were less likely to do so.

Further details of the results related to each meeting will be described in its specific section below.

Outcomes Related to the Self-Assessment Tool (SAT)

Changes are addressed via a three-step approach leading to the SAT Phase 1 final version:

Step 1: eSA internal modification to the instrument without major changes followed by presentation to PAHO – Spanish version 1.

Step 2: incorporation of PAHO's suggestions – Spanish version 2, Beta version (β version).

Step 3: incorporation of SME consensus meeting recommendations – Phase 1 final version.

Step 1 / Differences between US version (April 2004) and Spanish version 1 (figures 1 and 2):

- ▲ Content of the SAT was translated into Argentinean Spanish.
- ▲ Adaptation of the SAT visual design: CIMERC's color spectrum, blue and orange, was respected.
- ▲ Pictures and Frames were focused on MCI/Bioterrorism response.
- ▲ Pop-Up windows were integrated into the browser's main window, taking into account recent spam and infomercial technological protections.
- ▲ Navigation enhancement.
- ▲ All functionalities were maintained, as in the April 2004 version.

Examples of the SAT Spanish Version 1 Frames:

Figure 1. Introduction to the Hospital Self-Assessment Tool, SAT Spanish version 1 – Frame 1

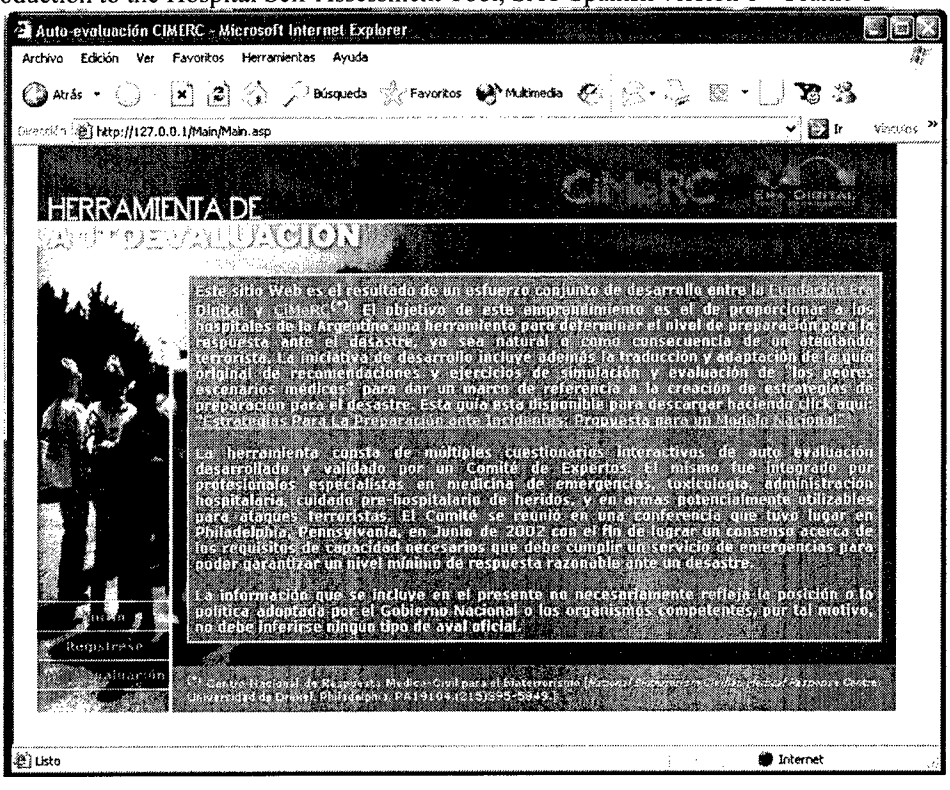
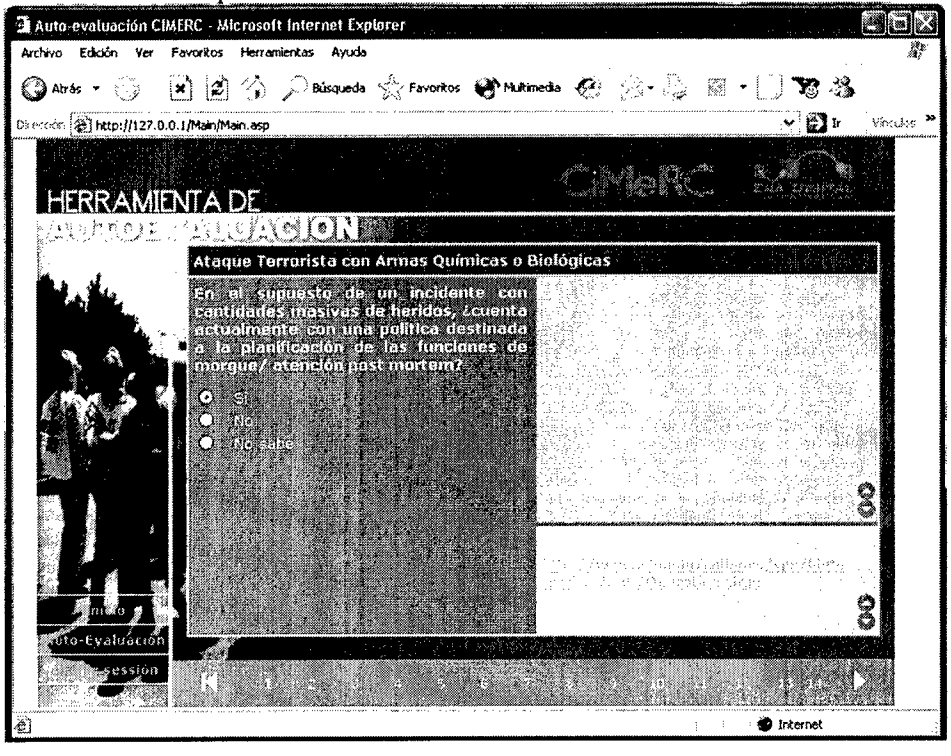


Figure 2. Question 1 of the SAT Spanish version 1 – Frame 2



Step 2 / Improvements from Spanish version 1 to β version
Major changes were proposed during a meeting between the Pan American Health Organization (PAHO) deputy director and eSA-CIMERC representatives. All proposed changes focused on health and public health priorities in Latin American countries. The highest priorities were given to the following:

- ▲ Focus the look and feel of mass casualty incidents (MCIs) and/or complex medical emergencies (CME) and consider a larger emphasis on natural disasters and accidental emergencies.
- ▲ Pictures and frames where focused on CME/MCI response and not only on biodefense.

Examples of the SAT Spanish 2, β version Frames (figures 3-5):
Figure 3. Introduction the Hospital Self-Assessment Tool Spanish version 2 – Frame 1

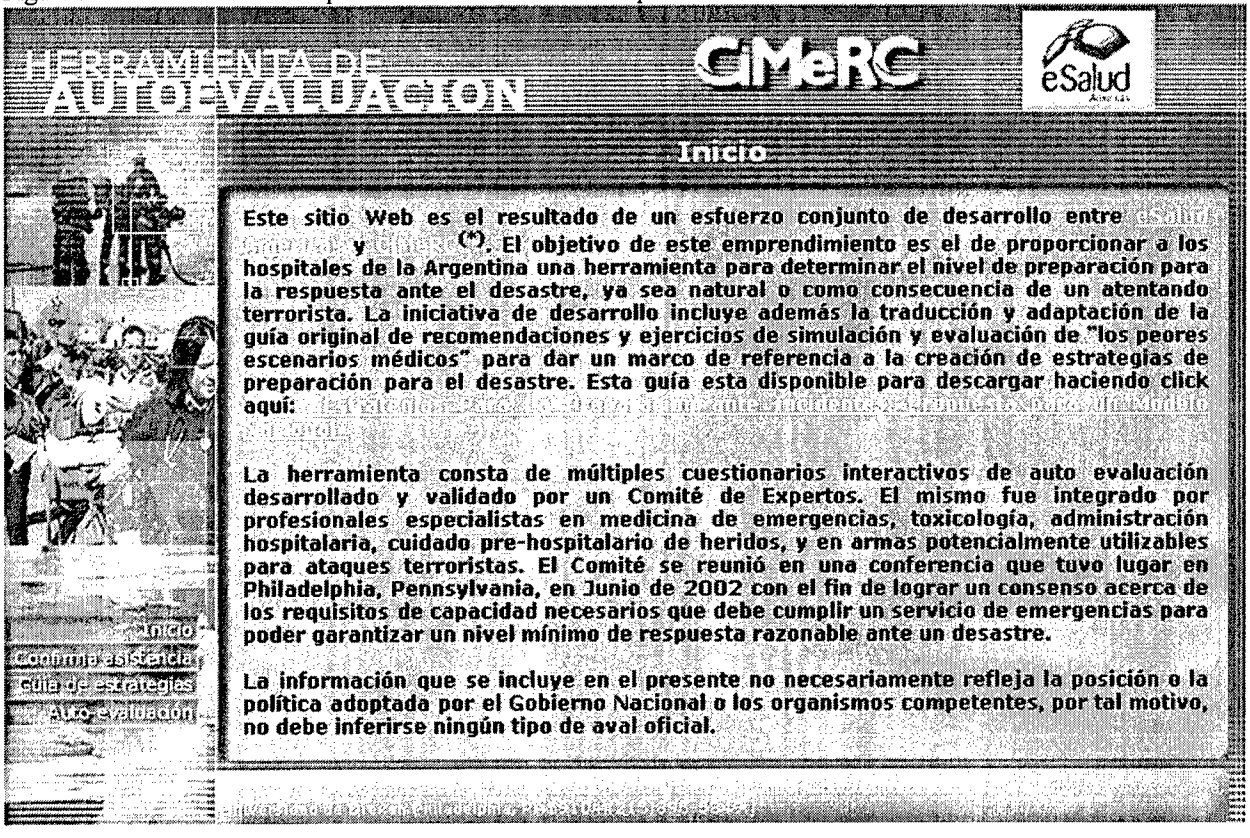


Figure 4. Hospital Self-Assessment Tool Question 1, Spanish version 2 – Frame 2

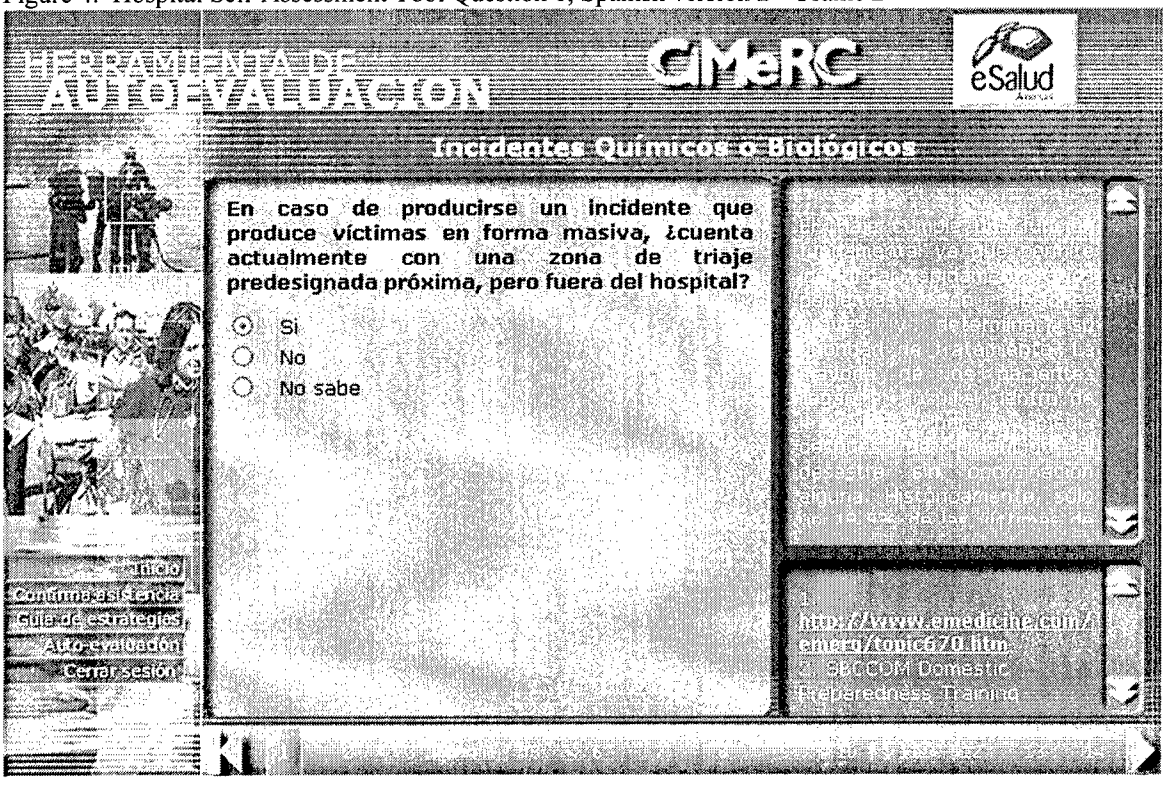
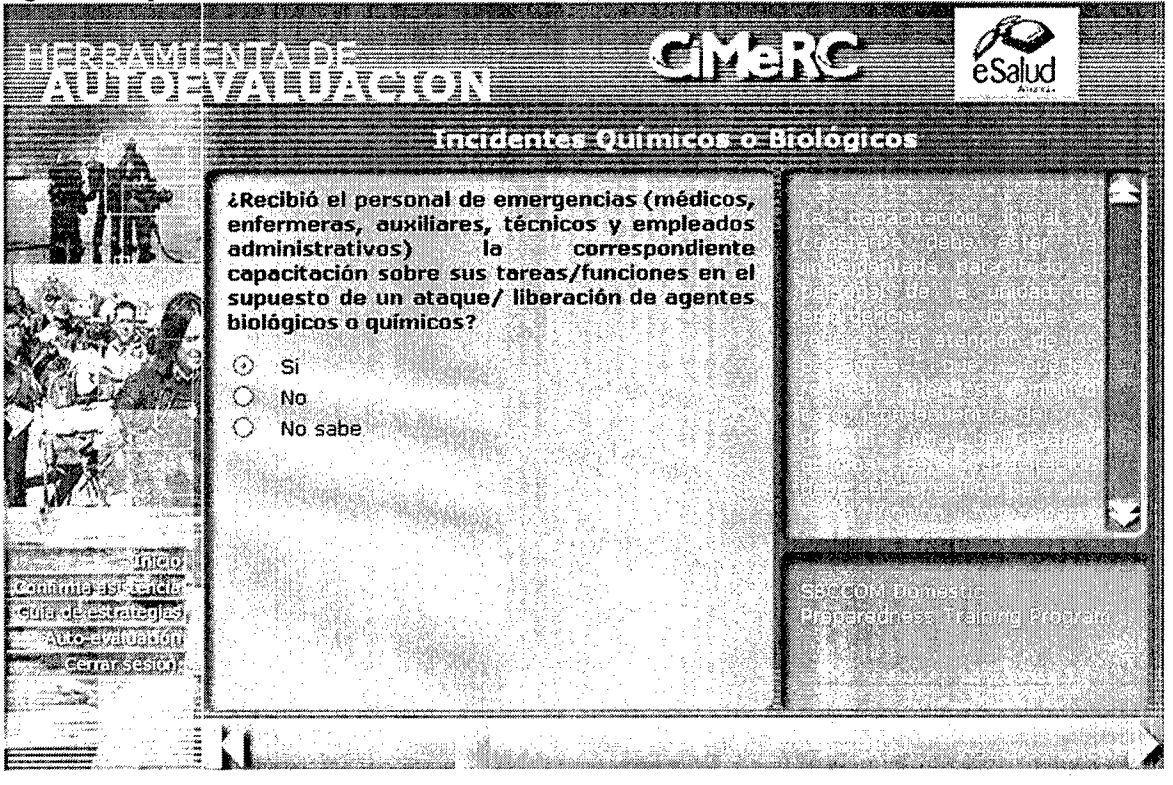


Figure 5. Hospital Self-Assessment Tool Question 4, Spanish version 2 – Frame 3



Step 3 / Improvements from β version to Phase 1 final version:

Report on SME Meetings' SAT Software Test with Institutional Participation - β Version

Each meeting was led by a facilitator who guided the participants into an area of discussion drawn from the SAT objectives. Using this process, a variety of recommendations and topic areas emerged in clear and distinguishable categories. Three topic areas surfaced for the Hospital Self-Assessment Tool (table 2): content, structure, and system upgrade. Within these topic areas, categorical recommendations emerged. They were to: 1) provide a stronger focus on mass casualty incidents and general preparedness issues, and 2) create chapters: MCI preparedness, nuclear preparedness, biological and chemical preparedness, and hazardous materials transportation preparedness. Table 2 captures this categorical data and identifies at which meeting they were focal topics.

Table 2. Hospital Self-Assessment Tool Recommendation Summary

	RECOMMENDATIONS	M1*	M2#	M3^	M4@
CONTENT	Provide a stronger focus on MCI and general preparedness issues	▲	▲	▲	▲
STRUCTURE	Create chapters: MCI preparedness, nuclear preparedness, bio-chem prep, transport HAZMAT	▲	▲	▲	▲
SYSTEM UPGRADE	Include GIS and critical maps		▲		
	Include early warning systems			▲	
	Technology category: save and complete upon return, multi-session use		▲	▲	▲
	Include expert resource systems			▲	

M1* Buenos Aires meeting
M2# Cordoba meeting
M3^ Santa Fe meeting
M4@ Consensus meeting in Buenos Aires

In general, the SAT visual design was considered suitable for further use and development. Structure and content changes centered on the following two questions:

Question 10 asks, "Do you currently have written cooperative agreements with any of the following agencies with regard to the community response to biological and chemical casualties?"

- ▲ The response options are: EMS, Fire, Police, Surrounding Hospitals, and Other Agencies.
  - Consensus Recommendation – Redesign the layout of the question to allow all of the options to be viewed on a simultaneous basis.

Question 12 asks, "Are any of the following antidotes available in your emergency department?"

- ▲ The response options are: Lyophilized Atropine and 2-Pam.
  - Consensus Recommendation – To replace lyophilized atropine with just atropine as lyophilized atropine is not readily available throughout Argentina.

Examples of the SAT Phase I Final Frames:

Figure 6. Hospital Self-Assessment Tool Question 10, before modification

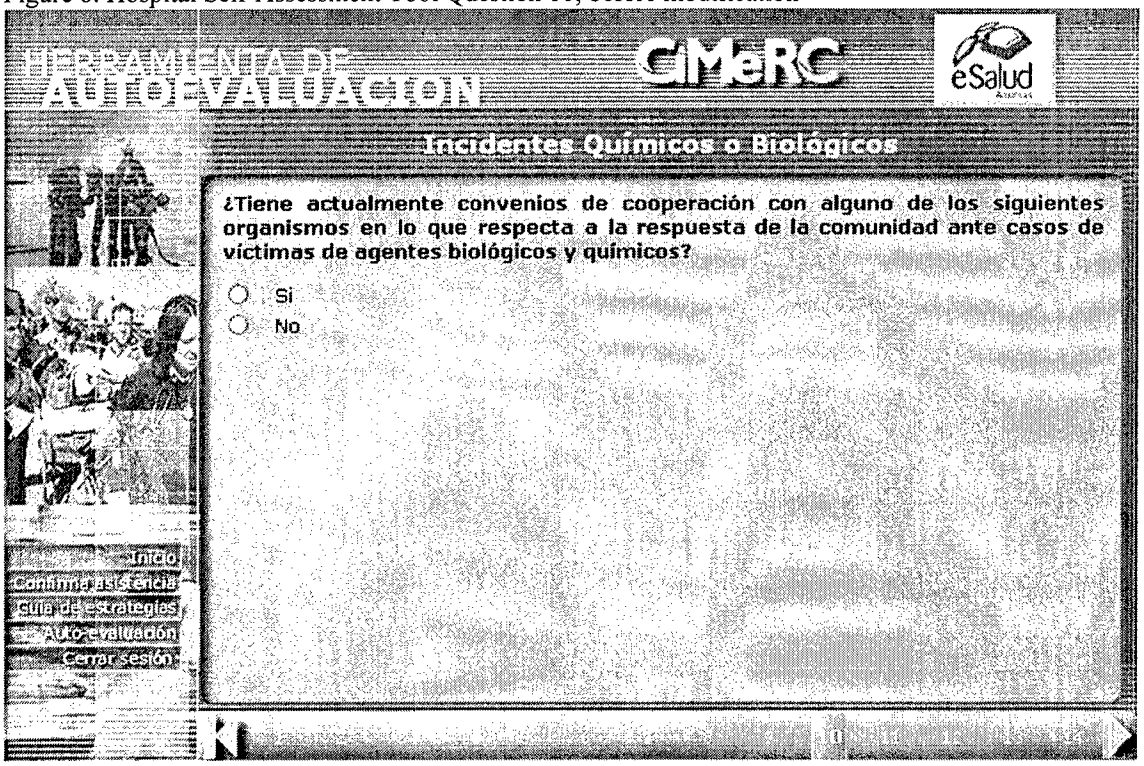


Figure 7. Hospital Self-Assessment Tool Question 10, after modification.

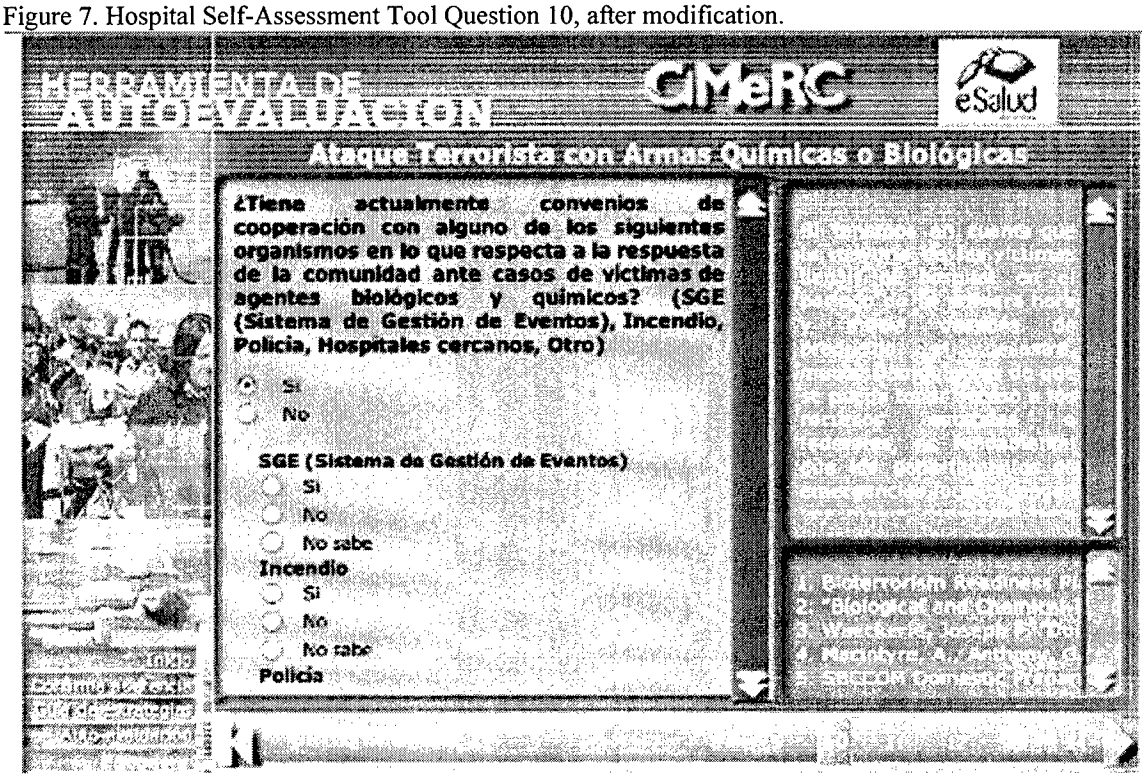


Figure 8. Hospital Self-Assessment Tool Question 12, before modification.

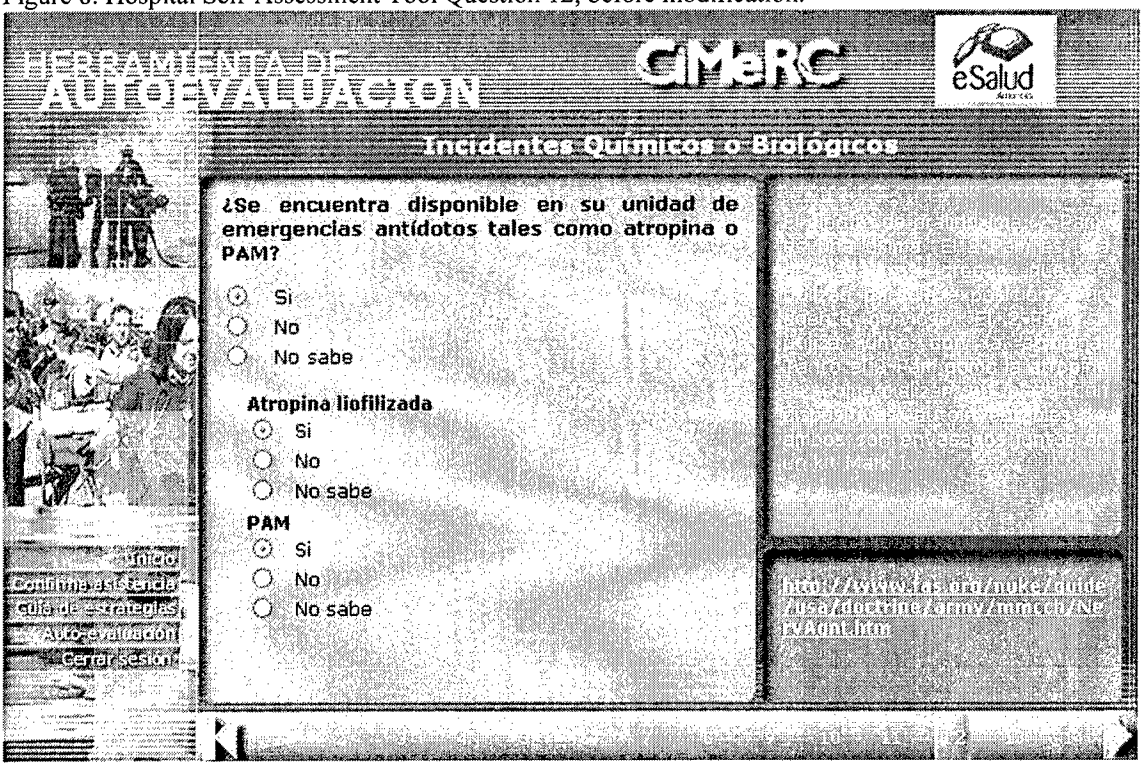
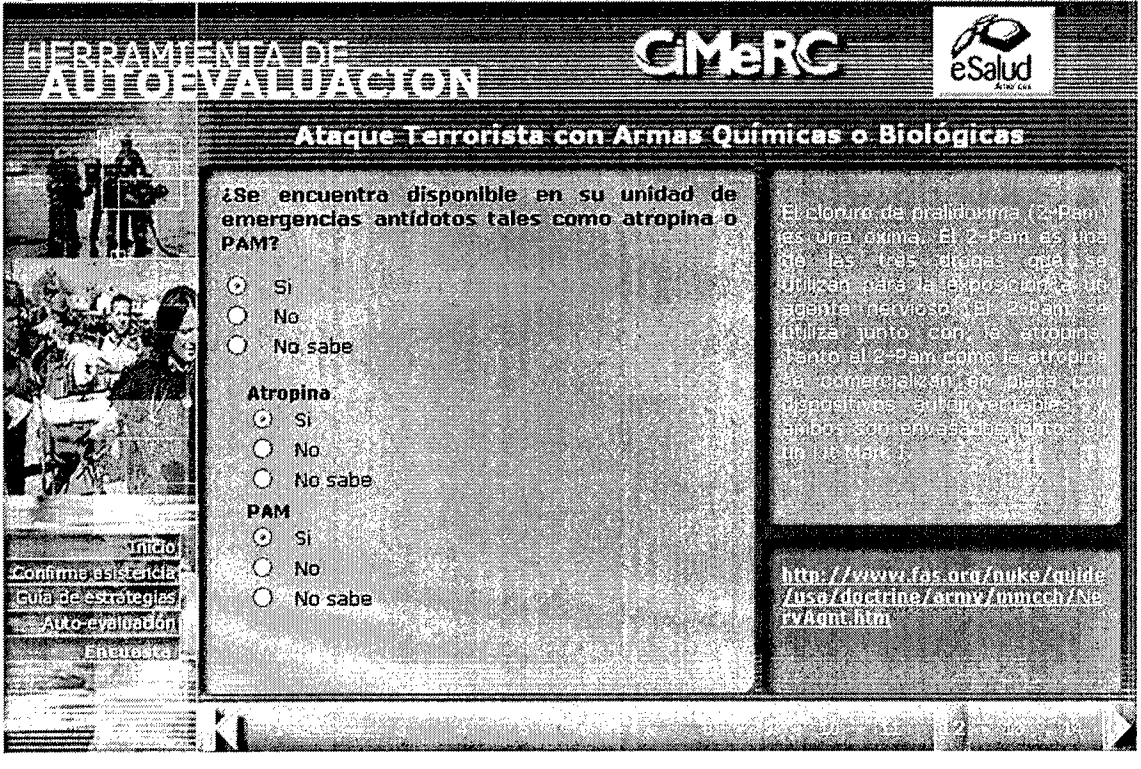


Figure 9. Hospital Self-Assessment Tool Question 12, after modification.



SAT Phase1 Final Version

Phase 1 Final version of the SAT software is available on-line at the following URL: http://hae.esamericas.net/Main/Main.asp
To Login, please contact project web masters and/or managers at CIMERC or at eSA.

Additional changes were proposed by SMEs during both the SME and consensus meetings, and extend beyond Phase 1 objectives and resources. These proposed changes will be addressed in the Discussion section of this report.

Outcomes Related to the Strategies for Incidents Preparedness (Guidebook)

Beta Version of the Guidebook

Similar to the SAT, changes to the Guidebook are addressed via a 3-step approach culminating in the Phase I final version:

Step 1: eSA internal modification to the tool without major changes followed by presentation to PAHO – Guidebook Spanish version 1.
Step 2: incorporation of PAHO's suggestions – Spanish version 2, Beta version (β version).
Step 3: incorporation of SME consensus meeting recommendations – Phase 1 final version.

The visual design of the Guidebook was modified based upon recommendations from PAHO and was accepted by the SME's.

Report on SME Meetings' Guidebook Test with Institutional Participation

Highlights are as follows concerning the Buenos Aires, Cordoba, and Santa Fe SME meetings and the consensus meeting – Part 1:

Each meeting was lead by a facilitator who guided participants into an area of discussion drawn from the Guidebook objectives. Using this process, a variety of recommendations and topic areas emerged in clear and distinguishable categories. Four topic areas surfaced for the guidebook (Table 3): scenario building, general, training needs, and additional resources. Within these topic areas, the following categorical recommendations emerged: 1) Define responsibilities of agencies and government levels, 2) Generate worksheet on each scenario that will help to summarize the exercise, 3) Make available ways to generate community-based scenarios, 4) Develop questions to help users identify nutritional and sanitation resources, 5) Develop questions that will challenge users to create policies on evaluating physical and psychological damages, 6) Develop scenarios to help identify resources, 7) Provide clearer instruction about how to tailor scenarios to local needs, 8) Introduce responding agencies before exercise/actual event, 9) SMEs need training prior to tool evaluation, 10) Include Argentinean or internationally accepted emergency response plan or guidelines, 11) Add the following resources: technical training sources, legal guidelines, and financial aid resources. Table 3 captures this categorical data and identifies at which meeting they were focal topics.

Table 3. Guidebook Recommendation Summary					
	RECOMMENDATIONS	M1*	M2#	M3^	M4@
SCENARIO BUILDING	Define responsibilities of agencies and government levels.	▲	▲	▲	▲
	Generate worksheet on each scenario that will help to summarize the exercise.		▲		
	Make available ways to generate community-based scenarios.	▲	▲		▲
	Develop questions to help users identify nutritional and sanitation resources.		▲		
	Develop questions that will challenge users to create policy on evaluating physical and psychological damages.		▲		
	Develop scenarios to help identify resources.	▲			
GENERAL	Provide clearer instruction about how to tailor scenarios to local need.	▲	▲	▲	▲
	Recommendation: introduce responding agencies before exercise / actual event.			▲	
TRAINING NEEDS	SME's need training prior to tool evaluation	▲	▲	▲	▲
ADDITIONAL RESOURCES	Include Argentinean or internationally accepted emergency response plan or guidelines.	▲	▲	▲	▲
	Resource category: technical training sources.			▲	
	Resource category: legal guidelines.			▲	
	Resource category: financial aid resources.			▲	

M1* Buenos Aires meeting
M2# Cordoba meeting
M3^ Santa Fe meeting
M4@ Consensus meeting in Buenos Aires

Guidebook Phase 1 Final Version

The visual design of the Guidebook cover is illustrated below in Figure 8.

Figure 8: Modifications to the cover of Strategies for Incident Preparedness: A National Model, English to Spanish translation.

Original US version | Spanish Version 1 | Spanish Version 2: βversion

Further changes were proposed by the SMEs during both the SME and consensus meetings and extend beyond Phase 1 objectives and resources. These proposed changes will be addressed in the Discussion section of this report.

Phase 1 Final version of the Guidebook is available on-line at the following URL:
http://hae.esamericas.net/Files/Estrategias.pdf

DISCUSSION AND POLICY IMPLICATIONS

Throughout Phase I of this effort, there has been an exponential increase in high-level political commitment to MCI preparedness in Argentina, due to the fire at the Kromañon Discotheque (30 December 2004). This event raised awareness about the need to heighten MCI preparedness and response capabilities. As such, the identified resource limitations within the Argentine emergency response community are in an evolutionary and progressive state.

Some recommendations from the work completed in this research extend beyond the scope of the proposed deliverables. Therefore, a two-phase solution to the recommended changes is proposed. Items recommended for Phase I have been completed under the current contract. An itemized list of implemented actions is detailed below.

Implemented Actions – Phase I

Implemented Actions Pertaining to the Guidebook

- Added the following header to all US-based reference documents: "This document represents a US recommendation developed for US institutions."
- Added the following notification to the opening pages of the Guidebook: "This Guidebook represents a training tool that encourages creative and prospective thinking with regard to response actions for mass casualty incidents and is not intended to provide a specific action list or an official plan. The Guidebook encourages users to strategize on local and regional policy needs."
- Provided a direct link to the online SAT.
- Contributed an additional scenario (Appendix M) – Penitentiary Mutiny.
- Adapted details such as airplane model, number of passengers, among others to Argentina's reality.

Implemented Actions Pertaining to the SAT

- Modified Question 10 to reflect Argentinean response infrastructure.
- Modified Question 12 to reflect Argentinean response infrastructure.

SME meeting dynamics and both individual and institutional acceptance of this initiative's methodology reached results beyond the expectations of this project. For example, MCI response generated inter-agency debate and exchange of information on how to enhance intra-organization cooperation.

If a recommendation changed the intent of the tools and/or was not addressed during the consensus meeting, the recommendation was either disregarded or tabled for later consideration. Two posters summarizing this work were presented at the American Telemedicine Conference 2005 meeting in Denver, CO (Appendix N).

Items requiring more time and/or additional resources are itemized below:

Phase II Recommendations

Strategic Actions Pertaining to the Guidebook

- Develop questions considering the 'special needs' population. (P-2 with CIR).
- Develop questions to consider the logistics related to evacuation situations.
- Develop questions to help users identify nutritional and sanitation resources. (P-2 with PAHO).
- Develop questions to challenge users to create policy evaluating physical and psychological damages.
- Develop additional questions for incidents external to the hospital (i.e., specific to Argentina Medical Teams and on-site response).

Strategic Actions Pertaining to the SAT

- Develop questions considering the 'special needs' population (P-2 with CIR).
- Develop questions to consider the logistics related to evacuation situations.
- Develop questions that are specific to chemical, biological, radiological, nuclear, and explosive (CBRNE) events.

- ▲ Create chapters based upon the etiology of the medical event (e.g., CBRNE).
- ▲ Ability to complete the SAT in more than one session.

MCI Public Policy Outcomes

Institutional and Public Policy Conclusions and Recommendations

Based upon the outcomes of this consensus development process, the need for the following policies were identified:

- ▲ Establish an emergency response committee that is inclusive of all emergency response agencies at the level of the provinces.
- ▲ Develop a centralized repository for emergency response and information tools accessible to all the governmental CME/MCI response community.
- ▲ Establish laws to designate roles, equitable authorization, priorities, and responsibilities for all emergency response agencies at the level of the provinces.
- ▲ Establish communication protocols that are inclusive of all emergency response agencies at the level of the provinces.
- ▲ Coordinate regional / provincial hospital network for mutual aid and additional resource sharing.
- ▲ Establish requirement for annual emergency response exercises.
- ▲ Establish framework for local response agencies that integrates with the greater Argentina system.
- ▲ Leverage the communication protocol to educate and train in areas such as legal policies, response methodologies, response debriefings, resources, and funding opportunities.

eSA-CIMERC Adaptations and Lessons Learned

IRB Considerations

Argentina does not require IRB review of research projects beyond the scope of drug trials or medical material testing.

Drexel University's IRB and MRMC's Office of Regulatory Compliance and Quality, Human Subjects Protection, asked for an independent Argentinean authority to review this effort. As a result, the project was delayed until the participation and support of the Argentina Medical Association was obtained. The project methodology was established, vetted and approved by all three compliance bodies.

The absence of an identified Argentinean IRB counterpart resulted in a challenging workflow. This result opened the possibility for unnecessary obstacles such as waning political support (i.e., missed opportunity to collaborate with the Homeland Security Minister). In a more general perspective, such challenging delays may result in losing extremely important momentum.

Political Impact

Resultant to the many procedural delays experienced during this project that impacted critical milestones, additional political and business-related complications arose.

- ▲ A high-level Minister resigned and the appointment of a new political team in the Office of Justice, Security and Human Rights required acclimation to this effort.

- ▲ PAHO representatives contributed several invaluable recommendations concerning the Argentinean version of the tools and their ability to account for the cultural, historical and political considerations of the target population.
- ▲ SME and consensus meetings underscored the expansion of the enhancement tool to place greater emphasis on MCI incidents and general preparedness issues as opposed to terrorism-oriented events.

Cooperation/Communications

As previously mentioned, there is a historical precedent for a lack of cooperation between major CME/MCI response and planning community players in Argentina. Exacerbating this situation is the disparity between the infrastructure status, access to resources and the general preparedness state from one province or one city to another. Preparedness levels are largely dependent upon the local budget and policies. In very remote areas, CME relies on private sector donations and/or designation during CME/MCI Response.

The Kromañon Discotheque fire influenced the federal agenda and forced high level acknowledgement of emergency preparedness problems. Public pressure for more effective measures has led to the appointment of experienced field personnel to high-level positions that will hopefully result in the lessening of the preparedness disparity between the various sectors.

Lack of cooperation and communication among and between national provinces and local cities.

The eSA-CIMERC team worked on three levels to overcome this complexity:

- ▲ Local jurisdiction SME's.
- ▲ Technical consensus from all government levels.
- ▲ Institutional support.

The most influential success factor was communication among the **eSA-CIMERC** joint team. Face-to-face meetings worked as a critical baseline, improved bi-weekly and daily for critical phases – communication via telephone, mail and chat sessions. Moving forward, it is anticipated that IP-based videoconferencing will improve future efforts with regard to internal and team communications.

Military Applications and Integration Potential

Achieving and maintaining a high level of preparedness for a mass casualty incident (MCI) is essential for all facilities (domestic/international, civilian/military, rural/urban). The evolving and predominant realization is that civilian assistance to military applications, as well as military assistance to civilian applications, must be interchangeable. The results of the current research may be extrapolated to assist in the development of readiness paradigms for military field hospitals and facilities, as well as fixed military facilities worldwide, including embassies.

With an ever-increasing focus and emphasis being placed upon world events in the Middle East, the US has a vested interest in bolstering and strengthening international relations unions. US diplomats and the resources of US embassies worldwide play a quintessential role in improving

international relations. It is well recognized that a mass casualty incident in a given country will impact the US if only via proximity to a respective embassy.

In Argentina, the military is obligated to respond in the event of a mass casualty incident and ispermitted to deploy forces under civilian supervision and general coordination. Therefore, cooperation between the military and the civilian population is essential to enhance military response capabilities in the field; such cooperation was critical to the successful response to the Parana floods.

Shortly after the final consensus meeting, project team members met with representatives from the US Embassy in Buenos Aires. This meeting underscored the need for such enhancement tools and the desire of the US Embassy in Argentina to coordinate specific co-actions with the host country on CME/MCI preparedness.

As regions of the world and local resources are quickly overcome by many CME/MCI etiologies, it is not uncommon for military forces to serve a role in the response and recovery functions of the event. As such, it is critical that national militaries are involved in training and preparedness efforts for CME/MCI events. The results of this project emphasize this value with critical input from the Argentina Navy.

Dissemination Outcomes

As mentioned, several outcomes of this work extend beyond the scope of the proposed objectives and goals. As such, a second phase will provide the necessary time and resources to assemble and deliver a package that fully reflects recommendations made by the Argentinean SMEs. During the Phase II effort, it will be necessary to increase the coordination with the Argentinean civilian government and military leadership to prepare a comprehensive dissemination plan to ensure that the developed tools reach the targeted medical response and planning personnel.

CONCLUSIONS

As obstacles to crossing international borders lessen and mobility continues to increase, public health risks and susceptibility to terrorism quicken at an alarming rate. A biological threat, whether the result of a weapon intended to cause mass destruction or representative of the next pandemic, remains an international threat. As such, the development of information and communication technology (ICT) tools for prevention, preparedness, early warnings, and health management during an MCI is critical for incident mitigation and recovery efforts.

Preparedness tools on multiple platforms increase the potential to enhance emergency response capacity in areas with limited resources. This project emphasizes the importance of making such tools available in a contextual and culturally appropriate manner to enhance international MCI preparedness.

Telemedicine and Telehealth generate the capacity to open cooperative networks at the local and global levels. Merging methods are key to ensuring collaborative success for all network players. When cooperation takes place between two origin-diverse teams working on critical and sensitive subjects such as preparedness for potential MCI, the need to merge methodologies

intensifies. Likewise, there is a need to take into consideration cultural aspects, language differences and the national or regional context.

Provision of the developed strategic tools will have an immediate impact on domestic and international preparedness for mass casualty incidents. CIMERC, presently a national biodefense repository, will begin to develop an international component that will invariably serve to complement both domestic and international emergency response practices.

Next Steps

Since the Spanish translated development of the web-based hospital Self-assessment tool and dissemination of *Strategies for Incident Preparedness: A National Model*, additional international requests have been received by the National Bioterrorism Civilian Medical Response Center (CIMERC) to make these valuable assessment and preparedness tools available in diverse language sets. *Strategies for Incident Preparedness: A National Model* (*SIP*) and the web-based *Hospital Self-Assessment Tool* represent two enhancement tools that are valuable resources in all-hazard preparedness efforts. As such, eSA and CIMERC propose to continue their partnership and to develop culturally contextual versions of these tools in additional PAHO member states.

Based upon exploratory meetings with PAHO representatives, eSA and CIMERC will explore the feasibility of expanding the current effort, to include additional PAHO member states to be selected from the following regions:

- Caribbean countries
- Central American countries
- South American countries

The two identified enhancement tools will be made accessible in Spanish and English while reflecting sensitivity to social, economic, political, organizational, geographic and cultural differences.

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APPENDICES

APPENDIX A – Acronym List
APPENDIX B – Sistema Federal de Emergencias Organizational Information
APPENDIX C – Argentinean Emergency Phone Numbers - Civil Defense #103
APPENDIX D – Argentina MCI Response Agency Directory
APPENDIX E – Letter of Invitation (SP/EN) and Phone Script (SP/EN)
APPENDIX F – Meeting Location and Participating Agencies
APPENDIX G – SME Meeting Agenda (SP/EN)
APPENDIX H – IRB Protocol Summary Outline Form
APPENDIX I – Approval Letter from Argentinean Medical Association
APPENDIX J – Strategies for Incident Preparedness SME Evaluation Tool
APPENDIX K – Hospital Self-Assessment SME Evaluation Tool
APPENDIX L – SME Evaluation Tool
APPENDIX M – Additional Scenario
APPENDIX N – American Telemedicine Conference 2005 Poster Abstracts

APPENDIX A – Acronym List

Acronym	Description
AMA	Associacion Medica Argentina
AMIA	Jewish Community Center in Buenos Aires – no direct translation
BCR	Biological, Chemical, and Radiological
CEVIP	Cuerpo de Emergencia en la Vía Pública
CIMERC	The National Bioterrorism Civilian Medical Response Center
CIPPEC	Center for the Implementation of Public Policies Promoting Equity and Growth
CME	Complex Medical Emergency
EOC	Emergency Operations Center
eSA	eSalud Americas
Guidebook	Strategies for Incident Preparedness: A National Model
ICT	Information and Communication Technology
IFRC	International Federation and Red Cross and Red Crescent Societies
IP	Internet Protocol
IRB	Institutional Review Board
MCI	Mass Casualty Incident
NGO	Non-government Organization
OPS	Organizacion Panamericana de la Salud
PAHO	Pan American Health Organization
SAME	Sistema de Atención Médica de Emergencias
SAMU	Service d'Aide Medicale d'Urgence
SAT	Hospital Self-Assessment Tool
SIFEM	Sistema Federal de Emergencias
SME	Subject Matter Expert
US	United States of America
USAMRMC	United States Army Medical Research and Materiel Command
WHO	World Health Organization
WMD	Weapons of Mass Destruction

APPENDIX B – Sistema Federal de Emergencias Organizational Information

Misión del SIFEM

Constituir un ámbito de coordinación dirigido a evitar o reducir la pérdida de vidas humanas, los daños materiales y las perturbaciones sociales y económicas causadas por fenómenos de origen natural o antrópico.

Mejorar la gestión de gobierno, estableciendo una coordinación a nivel nacional, provincial y local de todos los sectores que tengan competencia en la materia, mediante la formulación de políticas y la definición de cursos de acción coordinados e integrales para prevenir, mitigar y asistir desde el Estado Nacional a los afectados por emergencias, optimizando la asignación de los recursos.

Norma Legal

Decreto 1250/99 Bs. As. 28/10/99

Artículo 1°- Constitúyese el SISTEMA FEDERAL DE EMERGENCIAS (SIFEM) como esquema de organización del Estado Nacional que articula los organismos públicos nacionales competentes y coordina su accionar con las provincias, el Gobierno Autónomo de la ciudad de Buenos Aires y los municipios, para prevenir y gerenciar eficientemente la atención de las emergencias o desastres naturales o antrópicos.

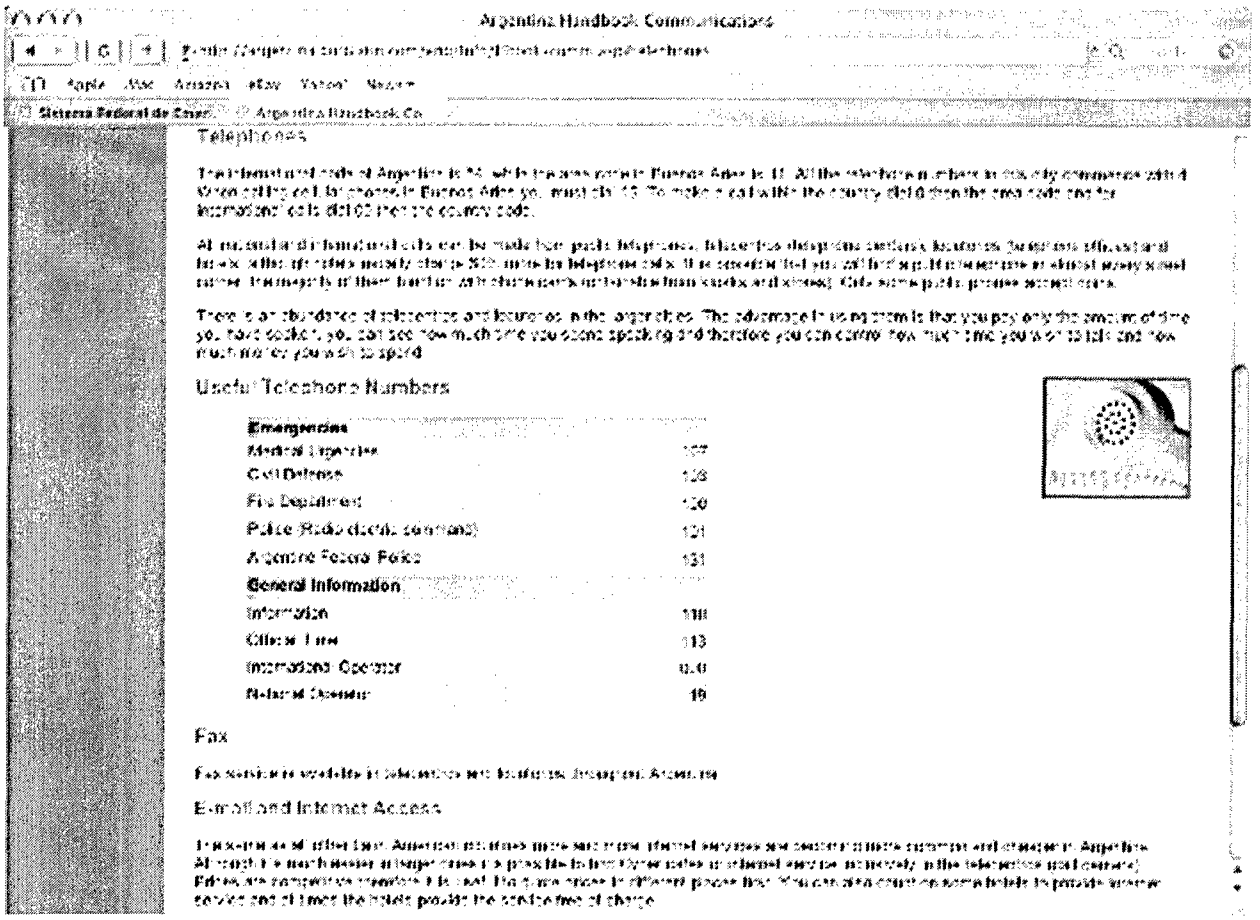
Decreto 1418/2002 Bs. As. 21/02/02

Transfiérese el SIFEM al ámbito del Ministerio de Justicia, Seguridad y Derechos Humanos - Secretaría de Seguridad Interior.

Descripción de los Comités

Comité de Inundaciones
Comité de Comunicaciones
Comité Nuclear-Biológico-Químico
Comité de Finanzas
Comité Científico-Técnico
Comité de Capacitación
Comité de Incendios Forestales
Comité de Sismos, Riesgos Geológicos, Volcanes, Deslizamientos y Nevadas
Comité de Relaciones Internacionales

APPENDIX C – Argentinean Emergency Phone Numbers - Civil Defense #103)



Argentina Handbook: Communications

Telephones

Useful Telephone Numbers

Emergencies	
Medical Operator	107
Civil Defense	103
Fire Department	100
Police (Policía del Chaco, Corrientes)	101
Argentine Federal Police	101
General Information	
Information	110
Clock Time	113
International Operator	000
National Operator	19

Fax

E-mail and Internet Access

APPENDIX D – Argentina MCI Response Agency Directory

INSTITUTIONS	ADDRESS
FEDERAL / NATIONAL AGENCIES AND INSTITUTIONS	
Dirección General de Atención Integral de la Salud	Carlos Pellegrini 313 - Piso 11ª Ciudad de Buenos Aires
Dirección de Emergencias del Ministerio del Interior de la Nación Dirección Nacional de Protección Civil Sistema Federal de Emergencias*	Gelly y Obes 2289 4° Ciudad de Buenos Aires
Argentinean Medical Association Presidence & Medical Ethics Commission	Av. Santa Fe 1171 - 3° piso Ciudad de Buenos Aires
Argentinean Medical Association Comisión Informática Médica	Av. Santa Fe 1171 - 3° piso Ciudad de Buenos Aires
Consejo Nacional de Bomberos Voluntarios de Argentina	Rivadavia 842 - Piso 3° "F" Ciudad de Buenos Aires (1002)
Dirección Nacional de Defensa Civil* / Defensa Civil de la Ciudad de Buenos Aires	Estados Unidos 3275 Ciudad de Buenos Aires
Estado Mayor de la Armada Argentina / Hospital Naval de Buenos Aires	Edificio Libertad Comodoro Py 550
Ministerio de Salud de la Nación	Av. 9 de Julio Ciudad de Buenos Aires
BUENOS AIRES AGENCIES / INSTITUTIONS	
Departamento de Urgencias - Hospital General de Agudos Cosme Argerich	Almirante Brown 240 - La Boca Ciudad de Buenos Aires
Subsecretaría de Emergencias - Gobierno de la Ciudad de Buenos Aires	Avenida Independencia 1700 Ciudad de Buenos Aires
Departamento de Medicina Crítica - Hospital Clínicas "José de San Martín"	Avenida Córdoba 2147 Ciudad de Buenos Aires
Facultad de Medicina de la Universidad de Buenos Aires (UBA)	Paraguay 2049 Ciudad de Buenos Aires
Consejo Nacional de Bomberos Voluntarios de Argentina	Rivadavia 842 - Piso 3° "F" Ciudad de Buenos Aires (1002)
Departamento de Urgencias - Hospital General de Agudos Cosme Argerich	Almirante Brown 240 - La Boca Ciudad de Buenos Aires
Departamento de Medicina Crítica - Hospital Clínicas "José de San Martín"	Av. Córdoba 2351 Ciudad de Buenos Aires
Departamento de Urgencias - Hospital General de Agudos "Dr. J. A. Fernández"	Cerviño 3356 Ciudad de Buenos Aires
Dirección General del SAME (Sistema de Atención Médica de Emergencias)	Zuviría 64 Ciudad de Buenos Aires
Subsecretaría de Seguridad Urbana -	Avda. de Mayo 525 Piso 2° Of. 215

Secretaría de Seguridad del Gobierno de la Ciudad de Buenos Aires	Dirección Nacional de Protección Civil
SANTA FE AGENCIES / INSTITUTIONS	
Susbecretaría de Salud Ministerio de Salud	Juan de Garay 2880
Dirección Provincial de Defensa Civil Subsecretaría de Seguridad Pública	San Jerónimo 1322 (S3000FPF)
Subsecretaría de Emergencia Ministerio de Gobierno, Justicia y Culto	Casa de Gobierno 2o piso
Fiscalía de Estado de la Provincia	Casa de Gobierno: 3 de Febrero 2649 (S3000DEE)
Hospital Culle de Derivación de la Ciudad de Santa Fe	
CORDOBA AGENCIES / INSTITUTIONS	
Ministerio Provincial de Salud	
Federación Córdoba de Bomberos Voluntarios	Coronel Pringles N° 346 Ciudad de Córdoba
Dirección Municipal de Defensa Civil	Garlot 3086 - Barrio Jardín Ciudad de Córdoba
Hospital de Emergencia	
Universidad de Córdoba Cátedra de Telemedicina	
Subsecretaría de Seguridad Urbana - Secretaría de Seguridad del Gobierno de la Ciudad de Buenos Aires	Avda. de Mayo 525 Piso 2° Of. 215
Subsecretaría de Atención Pública del Ministerio de Salud de la Nación	Av. 9 de Julio 1925 10° of. 1003
OTHERS	
Pan American Health Organization (PAHO)	
Cámara de Hospitales Privados (ADECRA)	

* Beginning 2005, the Dirección Nacional de Defensa Civil has been re-organized and depends now on the Internal Ministry.

APPENDIX E - Letter of Invitation (SP/EN) and Phone Script (SP/EN)

Dear Colleagues,

It is an honor for ERA DIGITAL Foundation to have you participate in the Argentinean development of a mass casualty incident preparedness guide as well as a Hospital Self-Assessment Tool.

The complex issues inherent in mass casualty incident (MCI) response, regardless of origins, remains one of the most taxing issues to face civilian medical emergency response systems worldwide. Communities around the globe are faced with natural as well as man-made catastrophes creating a need for ongoing emergency preparedness. Recognizing these facts, the National Bioterrorism Civilian Medical Response Center (CIMERC) designed the guidebook, ***Strategies For Incident Preparedness: A National Model* (2003).** The intended purpose of ***Strategies For Incident Preparedness* (*SFIP*)** and the **Hospital Self-Assessment Tool** is to assist hospitals, health systems, and other health care organizations to prepare for consequences of natural or man-made disasters that could result in mass civilian casualties. The guidebook was translated from English to Spanish by ERA DIGITAL this year.

ERA DIGITAL and CIMERC are collaborating with the Pan American Health Organization and the Ministry of Justice, Security and Human Rights. Together, we request your help to integrate working groups that will evaluate the translation, to assess the usefulness of SFIP and to participate in the Argentinean customization of these tools. In addition, you will be asked to evaluate an online questionnaire specific to the SFIP. This initial meeting will be between 4 – 6 hours in duration. Researchers will do everything possible to secure anonymous responses. However, expert opinion that you share in a group setting will not be anonymous as other subject matter experts will be present. Additionally, you will be given the opportunity to be listed as an editor of the published Argentinean Strategies for Incident Preparedness guidebook.

In order to ensure confidentiality, identifiers such as your name will not be used. The results of the study may be disseminated and published and may guide future strategic decisions regarding these tools. In addition, generalizations will be inferred from group data, rather than from individual data. Your participation is completely voluntary, and you may stop at any time without consequence.

While light fare will be provided, you will be responsible for your own travel to and from the meeting locations.

In order to select the most convenient meeting date and location for you, please enter your security code here.
[SECURITY CODE]

Please select the desired meeting from the following list and then choose the 'SUBMIT' button to register:

Date	Date	Date
Time	Time	Time
Location	Location	Location

[SUBMIT]
Click here

Web Registration Page 2

Congratulations. You have successfully registered for Meeting #1:

Date
Time
Location

Be sure to print this page for your records as this will serve as your only confirmation of the meeting you have selected to attend.

Your participation in this study will provide valuable input regarding the guidebook and its effectiveness in addressing MCI preparedness in Argentina. We thank you for your willingness to participate and request that you familiarize yourself with the SFIP and the Hospital Self-Assessment Tool, in advance of our initial meeting. Both tools are accessible via the designated links below.

[SFIP link] **[SAT link]**

[Meeting materials]

Registración por Web - Página 1

Estimado Colega,

Es un honor para la **Fundación ERA DIGITAL** invitarlos a participar en el desarrollo de un proyecto nacional de máximo interés internacional en cuanto a Seguridad de los habitantes se refiere. Este proyecto persigue como objetivo ayudar a los hospitales, sistemas de salud y otras organizaciones de atención sanitaria a que se preparen para las consecuencias de hechos de desastres naturales o producidos por el hombre, intencionales o no, que podrían producir cantidades masivas de víctimas civiles.

En el año 2003, **CiMeRC** (*Centro Nacional de Respuesta Médico Civil para el Bioterrorismo, Universidad de Drexel, Philadelphia, EE.UU.)*, diseñó dos herramientas destinadas a tal fin. En primer lugar, un manual titulado **Estrategias para la Preparación ante Incidentes: Propuesta para un Modelo Nacional (EPI)**. Y por último, una **Herramienta de Auto Evaluación (HAE)**, la cual se implementa sobre un sistema informático común. El objetivo es identificar aquellas acciones necesarias para incrementar el nivel de preparación y promover la iniciativa de planificación en el hospital que la utilice. Vale la pena mencionar que el manual contiene ejercicios que representan el "peor escenario médico" destinado a dar relieve a todo aquello modificable para conseguir mejor eficiencia en planificación y preparación para el desastre.

Este año, en un esfuerzo conjunto de **Fundación ERA DIGITAL** y **CiMeRC** con la **Organización Panamericana de la Salud** y el **Ministerio de Justicia, Seguridad y Derechos Humanos** se intentará realizar la adaptación cultural, social y política de estas herramientas para la Argentina, complementando con sus contenidos aquellos vigentes a nivel nacional y provincial.

Para realizar esta tarea necesitamos su colaboración profesional, integrando grupos de trabajo que evalúen la traducción y la utilidad de ambas. Asimismo, queremos invitarlo a participar en la adaptación para la Argentina de las mismas, teniendo así la oportunidad de ser incluidos en la lista como editores del manual Argentino que se publique.

Este primer encuentro tendrá una duración de 4 a 6 horas. Con el fin de preservar la confidencialidad de los participantes no se publicarán sus nombres u organizaciones a las que pertenecen. La información que se genere durante el trabajo se asumirá proveniente de todo el grupo y no individualmente. Asimismo, deben tener en cuenta que el resultado del trabajo realizado podrá difundirse, publicarse y servir como guía para decisiones estratégicas futuras en lo referente a las herramientas. Adelantándonos a esta reunión, les pedimos que se familiaricen con el manual y con la HAE. Su participación es completamente voluntaria y podrá ser interrumpida en cualquier momento sin que ello genere ninguna consecuencia.

Para seleccionar las fechas y lugares más convenientes para el encuentro primero ingrese el código de seguridad

[CODIGO DE SEGURIDAD]

Por favor, seleccione las fechas y horario más conveniente para usted y luego haga clic en ACEPTAR para confirmar su asistencia.

---	---	---
Fecha	Fecha	Fecha
Hora	Hora	Hora
Lugar	Lugar	Lugar

Registración por Web - Página 2

¡Felicitaciones!

Usted se ha registrado para participar de la primera reunión.

Fecha
Hora
Lugar

Asegúrese de imprimir esta página ya que la misma le servirá como único comprobante de su reunión confirmada.

Su participación en este proyecto proveerá invaluable información acerca de la guía y su efectividad en el abordaje de lo que significa la preparación nacional ante incidentes con víctimas masivas. Le agradecemos su voluntad para participar y le ofrecemos familiarizarse con la guía y con la herramienta de auto evaluación antes de nuestra primera reunión. Ambas herramientas están accesibles haciendo clic en los vínculos correspondientes.

Guía de Estrategias Herramienta de Auto Evaluación

[MATERIALES PARA LAS REUNIONES]

Phone Script (SP/EN)

Hello. My name is _____. May I speak with _____?

Hello _____, I'm calling to remind you about the upcoming emergency response and preparedness meeting hosted by eSalud Americas.

If you have not already registered and would like to participate in this consensus process, please go to http://hae.esamericas.net and select the meeting location most convenient for you. You will need a security code to gain access. Your security code is _____.

If you have already registered, please recall that the meeting specifics are as follows:

Meeting #1	Meeting #2	Meetings #3
Date	Date	Date
Time	Time	Time
Location	Location	Location

Thank you for your time.

Buenos días. Mi nombre es _____. Podría hablar con _____¿

Buen día _____, lo estoy llamando para recordarle acerca de la reunión que se realizará sobre respuesta ante emergencias y preparación, organizada por eSalud AMericas.

Si aun no se ha registrado y desea participar en este proceso de consenso, por favor diríjase a 1http://hae.esamericas.net y seleccione la reunión cuya ubicación le sea más conveniente. Usted necesitará un codigo de seguridad para tener acceso. Su código de seguridad es _____

Reunión #1	Reunión #2	Reunión #3
Fecha	Fecha	Fecha
Hora	Hora	Hora
Lugar	Lugar	Lugar

Gracias por su tiempo.

APPENDIX F – Meeting Location and Participating Agencies

Buenos Aires Meeting

Location and date
Buenos Aires City (Capital District), March 3rd 2005.
CIPPEC Foundation Headquarters.

Participant institutions / Agencies

- National Direction Civil Protection (1 expert).
  Dirección Nacional de Protección Civil.
- Argentina's Military Forces (2 experts).
  Fuerzas Armadas.
- Emergency Department of Argerich Hospital, Buenos Aires City (1 expert).
  Hospital General de Agudos Cosme Argerich – Departamento de urgencias.
- National Health Ministry (1 expert).
  Ministerio de Salud.
- Emergency Department of Buenos Aires City Municipality (1 expert).
  Subsecretaría de Emergencias del Gobierno de la Ciudad de Buenos Aires.
- Argentinean Medical Association (2 participants).
  Asociación Médica Argentina.

Cordoba Meeting

Location and date
Cordoba City, March 10th 2005.
Holliday Inn Hotel, Cordoba City.

Participant institutions / Agencies

- Cordoba City Civil Protection Direction (1 expert).
  Defensa Civil de la Ciudad de Córdoba.
- Cordoba City Civil Protection Direction and Children's Hospital (1 expert).
  Defensa Civil Municipal y Hospital de Niños de la Ciudad de Córdoba.
- Cordoba Province Health Ministry, Health Family Program and Unique Emergency Number (2 experts).

Ministerio de Salud de la Provincia de Córdoba – Programa Familia Salud.

- Cordoba Province Health Ministry, Hospital Management Department (1 expert).
  Ministerio de Salud de la Provincia de Córdoba – Gerencia de hospitales.
- Cordoba's National University, Telemedicine Program (1 expert).
  Universidad Nacional de Córdoba – Programa de Telemedicina.
- Cordoba's National University, Emergency Chair (1 expert).
  Universidad Nacional de Córdoba – Cátedra de Emergentología.

Santa Fe Meeting

Location and date
Santa Fe City, March 8th 2005.
Castelar Hotel.

Participant institutions / Agencies

- Santa Fe Province Health Ministry (1 expert).
  Ministerio de Salud de la Provincia de Santa Fe – Gabinete del Sr. Ministro.
- Santa Fe Province Emergency and Accidents Agency (1 expert).
  Dirección Provincial de Accidentología y Emergencias Sanitarias (DiPAES).
- Emergency Agency Santa Fe Province (2 experts).
  Secretaria de Emergencia.
- Santa Fe Province Civil Protection Department (1 expert).
  Defensa Civil de la Provincia de Santa Fe.
- Emergency Referral Cullen Hospital (1 expert).
  Hospital Cullen.
- Santa Fe Province General Attorney (1 expert).
  Fiscalía de Estado, Provincia de Santa Fe.

APPENDIX G – SME Meeting Agenda (SP/EN)

(English summarized version)

- Introduction.
- Project Presentation and Description.
- Review Meeting Objectives.
- Scenario Guidebook and Self-Assessment Tool analysis.
- Methods Evaluation.
- Conclusions and Recommendations.
- Further Actions.

Agenda's principal objectives

- Translate and customize both CiMeRC's (National Bioterrorism Civilian Medical Response Center – Drexel University, Philadelphia) "*Strategies for Incident Preparedness Guidebook*" (Guidebook) and the on-line "*Self Assessment Tool*" (SAT).
- Investigate the Mass Casualties Incident (MCI) problematic in several provinces of Argentina to make possible an effective adaptation of the above mentioned tools.
- Create an exchange place and positive synergy between the different public agencies.

With the above focus, the SME Meetings were divided in three main sessions:

- Content analysis.
- Methodology evaluation.
- Recommendations and conclusions.

14:00	**Opening: Presidency of the Meeting** Introduction; Local and national context in prevention and preparedness for Mass Casualties Incidents (MCI); Objectives and Goals of the Project and the Experts Meetings
14:30	**Session 1: Conventional Tools for preparedness and prevention** **Moderator**: to confirm **Technical assistant**: to confirm Analysis of the Guidebook (scenarios). Analysis of Guides and Recommendations Manuals and/or Procedures Guides of diverse origins. Evaluation of additional scenarios related to: • The local, provincial and/or national context, in terms of priorities. • The experience of participant experts. • The recent events. • The aid and international support context. Evaluation of taking out scenarios from the working document based on diverse criteria such as: • Credibility of the scenario in the local, provincial and/or national context. • Compatibility with the resources and the present infrastructures in the local, provincial and/or national context.

	• Utility in the local, provincial and/or national context. Relations with the private sector, in particular in terms of mobilization of resources and coordination of efforts in cases of MCI. Diverse elements related to the Guidebook-scenarios proposal.
15:50	Reading of the session final notes
16:00	Coffee Break
16:15	**Session 2: Self Assessment Tool (SAT)** **Moderator**: to confirm **Technical assistant**: to confirm Analysis of the On-line SAT in its working version: • Analysis of the concept utility and its approach. • Difference between auto-evaluation and evaluation in this context. • Requirements for diffusion and spreading of its use in the different local contexts. Analysis of the content in relation to: • The local, provincial and/or national context in terms of priorities. • The amount of treated topics. • Its priorities order. • Diverse elements, such as compatibility with the resources and the present infrastructures and of their utility in the context of local, provincial and/or national projections. Possibilities of evaluation of the tool in terms of: • Finding a balance between expert knowledge and priorities: to add and/or clear subjects, topics and scenarios to the 14 evaluated in the working version, according to the expert knowledge and the local, provincial and/or national context. • Functionality, friendliness and accessibility of the tool in relation to diverse aspects such as cultural sensibility. • Additional functions and functionalities. Diverse elements related to the proposal in form of Auto-evaluation Tool.
17:35	Reading of the session final notes.
17:45	**Coffee Break**
18:00	**Session 3: Evaluation from a social and cultural approach** **Moderator**: to confirm **Technical assistant**: to confirm Evaluation of compatibility: • With the emergency response infrastructures (federal, provincial and local). • With the present tasks control, coordination and distribution structures. • With the present normative and regulation resources.

	Identification of particular issues and/or scenarios: • The context of local and national priorities. • People with special needs, disabilities, children, adult in charge, etc. • Management of resources and stocks of responses to a MCI. Identification of vacant roles and actions to take with the following priorities considered: • Present dispositions. • Present financial resources. • Non-financial resources available at the moment. • Recent experiences. Analysis of strategies of elevation of tools as proposals to the local, provincial and national public sector.
19:15	Readings of the session final notes.
19:30	**Session 4: Synthesis and short-term actions**. **Moderator:** Presidency of the meeting
20:00	**Closing Cocktail**

14:00	**Apertura: Presidencia del Encuentro** Introducción; Contexto local y nacional sobre prevención y preparación ante Accidentes con Victimas en Masa (AVM); Objetivos y Metas del Proyecto y de la Reunión de Expertos
14:30	**Sesión 1: Herramientas de preparación y de prevención convencionales** **Moderador de sesión**: **Secretarios técnicos de sesión**: Análisis de la Herramienta en forma de Guía-escenarios de preparación. Análisis de Guías y Manuales de recomendaciones y/o de procedimientos de orígenes diversos. Evaluación de escenarios adicionales relacionados con: • El contexto local, provincial y/o nacional en términos de prioridades. • La experiencia de los Expertos participantes. • Los eventos recientes. • El contexto de ayuda y apoyo internacional. Evaluación de quitar escenarios al documento de trabajo en función de criterios diversos tal como, por ejemplo: • Credibilidad del escenario en el contexto local, provincial y/o nacional. • Compatibilidad con los recursos y las infraestructuras actuales en el contexto local, provincial y/o nacional. • Utilidad en el contexto local, provincial y/o nacional. Relaciones con el sector privado, en particular en términos de movilización de recursos y coordinación de esfuerzos en caso de AVM. Elementos diversos relacionados con la propuesta en forma de Guía-escenario.
15:50	Lectura de las notas finales de la Sesión
16:00	Coffee Break
16:15	**Sesión 2: Herramientas de Auto Evaluación (HAE)** **Moderador de sesión**: **Secretarios técnicos de sesión**: Análisis de la Herramienta de auto asesoramiento On-line en su versión de trabajo: • Análisis de la utilidad del concepto y de su enfoque. • Diferencia entre Auto Evaluación y Evaluación en este contexto. • Requerimientos para una difusión y una divulgación de su uso en los diferentes contextos locales. Análisis del contenido en relación con: • El contexto local, provincial y/o nacional en términos de prioridades. • La cantidad de tópicos tratados. • Su orden de prioridades. • Elementos diversos tal como compatibilidad con los recursos y las

	infraestructuras actuales, y de su utilidad en el contexto de proyecciones locales, provinciales y/o nacionales. Posibilidades de evolución de la herramienta en términos de: • Encontrar el equilibrio entre conocimiento experto y prioridades: agregar y/o quitar temas, tópicos y escenarios a los 14 tratados dentro de la versión de trabajo, en función por una parte del conocimiento experto y del contexto local, provincial y/o nacional por otra parte. • Funcionalidad, amigabilidad y accesibilidad de la herramienta en relación a diversos aspectos tal como la sensibilidad cultural. • Funciones y funcionalidades adicionales Elementos diversos relacionados con la propuesta en forma de Herramienta de Auto Evaluación.
17:35	Lectura de las notas finales de la Sesión
17:45	**Coffee Break**
18:00	**Sesión 3: Evaluación desde un enfoque social y cultural** **Moderador de sesión**: **Secretarios técnicos de sesión**: Evaluación de compatibilidad: • con la(s) infraestructura(s) de respuesta ante emergencia (federal, provincial y local). • con la(s) estructura(s) de mando, de coordinación y de repartición de tareas actuales. • con lo(s) recursos normativos y reglamentarios actuales. Identificación de cuestiones y/o escenarios propios a: • El contexto de prioridades locales y nacionales. • Personas con necesidades especiales, tal como discapacitados, niños, adultos a cargo, etc. • Gestión de recursos y de stocks de respuestas ante la eventualidad de un AVM. Identificación de los roles vacantes y las acciones a realizar prioritariamente tomando en cuenta: • Las disposiciones actuales. • Los recursos financieros actuales. • Los recursos no financieros disponibles actualmente. • Las experiencias recientes. Análisis de estrategias de elevación de las herramientas como propuestas al sector público local, provincial y nacional.
19:15	Lectura de las notas finales de la Sesión
19:30	**Sesión 4: Síntesis y acciones a corto plazo**. **Moderador de sesión:** Presidencia del Encuentro
20:00	**Coctail de cierre**

APPENDIX H – IRB Protocol Summary Outline Form

DREXEL UNIVERSITY COLLEGE OF MEDICINE

INSTITUTIONAL REVIEW BOARD (IRB)
NON-MEDICAL

PROTOCOL SUMMARY OUTLINE FORM

USE THIS TOPICAL OUTLINE TO ORGANIZE A DETAILED SUMMARY OF YOUR PROTOCOL

Please provide a typed copy
Number the pages of the protocol summary
Example: 1 of 3, 2 of 3, etc. (MAXIMUM OF 5 PAGES)

1. Project Title (give exact Title)	
International Biodefense Enhancement Capabilities from a Policy Perspective	
2. Purpose and Rationale Specific to Subjects	
To effectively translate two strategic assessment and preparedness enhancement tools for the people of Argentina in a culturally and contextually appropriate manner.	
3. Location of Study (campus, institution, etc.)	
Internet. Development will be performed in Buenos Aires, Argentina. The completed tools will be stored on a server in Lorreto, PA. Subjects will be Argentinean residents.	
4. Time Period for Data Collection: [This pertains to dates of charts/records/tissue or other information you will be collecting, but NOT the date you are starting your project. This information is especially important if the data you are collecting is existing on the day you proposed this research project to the IRB. Example: I or we are reviewing charts/records or using tissue samples that are already collected or existing since January 1991 – December 2001, but will not review charts/records past this date)	
February 2004 – June 30 2005	
5. Anticipated start and end of study (These are dates when you will start or complete the study. This date is unrelated to the dates of data you are analyzing.) Research will begin after IRB approval and continue until October 31, 2005)	
6. Enrollment Information	
6a. Age Range	**18 – 80 years**
6b. Gender	**Male and Female**
6c. No. of subjects to be enrolled	**100**
6d. Specify if there are Minority Groups to be included in this study	
Subject will not be selected based on minority, ethnic, or racial status.	
Type (healthy subjects, seriously ill subjects, decisionally impaired, etc.)	
Subjects will be subject matter experts in the field of emergency response and planning as defined by Pan American Health Organization Officials.	

8. Subject Source: (in-patients, out-patients, community, special clinics, etc.)
Emergency response agencies in Argentina.
9. State How Subjects Are Recruited
Subjects will receive a letter of invitation and a follow-up letter (attached). Letters will be sent from the researcher to an e-Salud Americas (eSA) contact person then forwarded to potential participants.
9a. Will you be Advertising? If you are, please provide an exact copy of your advertisement for IRB review.
No advertisement will take place.
9b. Will you be giving Incentives or Remuneration? Please describe how this will be done.
No incentives will be offered.
10. Subject Inclusion Criteria: (Investigator: be as specific as possible)
Subjects will be gainfully employed in an emergency first response organization in Argentina. Subjects will be adults 18 – 80 years of age.
11. Subject Exclusion Criteria: (Investigator: be as specific as possible)
Any person under the age of 18 years. Any person not gainfully employed or on official volunteer status in an emergency response agency.
12. Investigational Methods and Procedures (Be specific. If applicable, provide under a separate heading a list of research procedures and standard of care procedures).
A facilitator will lead participating subject matter experts through the focus group process, using the hospital Self-assessment tool and the evaluation tool for Strategies for Incident Preparedness as an interview guide. Participants will be instructed to review and become familiar with the hospital Self-assessment tool and the Strategies for Incident Preparedness guidebook in advance of the meeting. The facilitator will lead participants through discussion that will bring them to consensus about the contextual appropriateness of the hospital Self-assessment tool and Strategies for Incident Preparedness guidebook for the Argentine medical community. Participants will record the points of consensus which will serve as data for this research. Repeated responses will be categorized and quantified. This information will be combined with other qualitative data collected through this process to guide future decisions about the hospital Self-assessment tool and Strategies for Incident Preparedness.

13. Describe Potential Benefits to the subjects (Please remember that there may not always be a benefit to the subject)
Long-term benefits include access to useful tools that will assist agencies and personnel in risk assessment and emergency preparedness for their given jurisdictions. There may be no potential benefits from participating in this study.
14. Possible Risks and Discomforts to Subjects (include expected frequency and severity of adverse reactions or risks)
There are no foreseen risks in this study.
15. Describe what special precautions are taken to minimize the risks described above.
Programmers will design software to avoid collecting personal information from Internet users.
16. What will you do if unforeseen risks occur?
The researcher will notify IRB and make necessary corrections to the software.

APPENDIX I – Approval Letter from Argentinean Medical Association

ASOCIACION MEDICA ARGENTINA
Av. Santa Fe 1171 – Ciudad Autonoma de Buenos Aires – CP: 1059 -

Buenos Aires, March 2005

To Whom It May Concern:

The Medical Association of Argentina (AMA) herby certifies that for the eSalud Americas and CIMERC (Drexel University, USA) "Mass Victims Incident Preparedness" joint project a last moment change of the Subject Matter Experts' Meeting location for Santa Fe province was asked within the same province from Rosario to Santa Fe Capital City.

Due that:

- The changes were originally asked by the Santa Fe province authorities, and not by the coordinating organizations;
- The change are within the same province and therefore the laws and regulations are the came;
- The Public agencies are the same and therefore the Experts (SME) are also the same,
- Santa Fe City, being the province's Capital City, it present a convenient ground for a public policy perspective;

The AMA accepted the proposed location change and sent an AMA representative to Santa Fe's SME meeting to ensure that no change in protocols and in other meeting's details.

AMA's representative conclusions were that the meeting was held with perfect satisfaction.

Sincerely,

Dr. Jorge Renna
President of Comsete

SANTA FE 1171 - 1059 BUENOS AIRES - ARGENTINA
TELEFONOS : Secretaria: 4811-1633 y 4814-2182 - Biblioteca/Fax: 4814-0634
E-mail: amaddetamar.com.ar

ASOCIACION MEDICA ARGENTINA

Buenos Aires, 30 de diciembre de 2004

Señor Ceo de eSalud Américas
Doctor Xavier Urtubey

La Asociación Médica Argentina se complace en aceptar su invitación a participar del proyecto *Preparación de las Instituciones de Salud ante un incidente con víctimas en masa*, llevado adelante por su organización, eSalud Américas, y la Universidad de Drexel -Filadelfia- por intermedio del Centro Nacional de Respuesta Médico Civil para el Bioterrorismo de los Estados Unidos de América.

Con respecto al interrogante planteado por Ud.:
Las leyes y reglamentaciones de Argentina y/o de Buenos Aires, Córdoba o Santa Fe requieren que un comité ético argentino deba revisar y aprobar un estudio cuya temática es de carácter humano, antes de que este pueda ser llevado adelante en Argentina, y que dicho proyecto cuenta con las siguientes características:

1. *Todos los participantes son adultos sanos.*
2. *Las actividades de investigación se limitan a (A) grupos de estudio y (B) cuestionarios anónimos.*
3. *La investigación es llevada adelante por una sociedad privada en Argentina (eSalud Américas), no por un colegio, una universidad o un hospital.*
4. *La investigación no incluye el uso de drogas y no requiere ser revisada por ANMAT en Argentina.*
5. *La investigación es subvencionada por un fondo proveniente de Estados Unidos de América (Departamento de Defensa).*

Tengo el agrado de informarte que las leyes y, más específicamente el marco que limita los estudios a los cuales hace referencia el artículo 23 del Código de Ética Médica se limitan a los estudios en los que intervienen fármacos o instrumental médico regulados por la ANMAT. De este modo, el proyecto en cuestión no requiere la aprobación por parte de un Comité de Ética.

Sin embargo, así como Ud. lo solicita, su proyecto puede ser evaluado por el Comité de Ética Médica, aunque no esté sujeto a legislación.

Sin otro particular le saluda a Ud. atentamente.

Prof. Dr. Elías Hurtado Hoyo
Presidente

SANTA FE 1171 – C1059ABF BUENOS AIRES – ARGENTINA
TELEFONO/FAX: 4814 – 2182
e-mail: info@ama-med.com Pagina Web: http://www.ama-med.org.ar

APPENDIX J – Strategies for Incident Preparedness SME Evaluation Tool
Evaluation of the National Bioterrorism Civilian Medical Response Center's (CIMERC) guidebook: *Strategies For Incident Preparedness: A National Model*

Part 1: Access and Review

1. When did your organization access *SFIP*?

   ____ ____ ____
   Day Month Year

2. To what extent has your organization used *SFIP* at this point in time?

   ____Only Accessed ____Accessed & Reviewed

   ____Accessed, Reviewed, & Implemented

3. If you have accessed *SFIP* but have neither reviewed, nor implemented it, what are the reasons?

   _____

4. If you have **reviewed** *SFIP*, but have **not implemented** it, what are the reasons?

   _____

5. Do you intend to implement *SFIP*?
   ____No ____Yes
   If yes, when do you intend to implement *SFIP*?
   ____Within 1 Month ____1 – 6 Months
   ____7 – 12 Months ____More Than 12 Months

   If you have not reviewed or used *SFIP* and do not intend to in the future, please click here to complete the evaluation **and submit your responses.** Your participation is greatly appreciated.

   If you have **reviewed, implemented, or intend to implement** *SFIP*, please continue.

Part 2: Implementation

6. If you have implemented *SFIP*, **how many weeks** did it take to go from the point of **access** of *SFIP* to **implementation**?
   ____Weeks ____Have Not Implemented

7. To what degree does *SFIP* provide a base of information and examples for your organization to proceed to project **implementation**?

Very High			Not at All
4	3	2	1

   Comments:_____

8. What are some strengths of the *SFIP* (list up to 3 strengths)?
   - _____
   - _____
   - _____

9. What are some areas in need of improvement (list up to 3 needs)?
   - _____
   - _____
   - _____

Part 3: Intended Purpose and Goals

10. To what degree do you believe that *SFIP* addresses its intended purpose to "assist hospitals, health systems, and other health care organizations in *preparing* for the consequences of natural or man-made disasters that could result in mass civilian casualties"?

Strongly Believe			Strongly Don't Believe
4	3	2	1

   Comments:_____

11. Please rate each of the following practice scenarios based on your belief about their **value** to your organization for training purposes.

Value of Scenario

	High Value	Valuable	Little Value	No Value	Don't know / Not sure
Conventional Disasters					
Transportation System Collision	4	3	2	1	DKNS
Fire and Collapse of a Public Building	4	3	2	1	DKNS
Natural Disaster (Sudden Onset): Tornado	4	3	2	1	DKNS
Natural Disaster (Slow Onset): Heat Wave and Drought / Severe Winter Storm	4	3	2	1	DKNS
Terrorism Involving Convenient Explosives					
Detonation of a Terrorist Device: Truck Bomb	4	3	2	1	DKNS
Detonation of a Terrorist Device: Suicide Bomber	4	3	2	1	DKNS
Chemical Agent Release					
Toxic Industrial Accident	4	3	2	1	DKNS
Chemical Spill in Transit	4	3	2	1	DKNS
Terrorist Attack Using a Chemical Agent	4	3	2	1	DKNS
Botulism	4	3	2	1	DKNS
Outbreak of an Infectious Disease					
Anthrax	4	3	2	1	DKNS
Tularemia	4	3	2	1	DKNS
Outbreak of a Contagious Disease					
Smallpox	4	3	2	1	DKNS
Plague	4	3	2	1	DKNS
Emergence of Tuberculosis	4	3	2	1	DKNS
Influenza	4	3	2	1	DKNS
Nuclear/Radiological Incident					
Accident at a Nuclear Power Station	4	3	2	1	DKNS
Detonation of a Radiological Device in the Environment	4	3	2	1	DKNS
Detonation of a Radiological Device in a Public Space	4	3	2	1	DKNS
Nuclear Attack on a Population Center	4	3	2	1	DKNS

12. If your organization has not practiced **any** of the previous disaster scenarios, what are the reasons?

_____

13. *Strategies For Incident Preparedness* addresses a framework of four planning phases. To what degree has your organization been **involved** in each of the following planning phases?

N/A=Phase not practiced **Value of Scenarios**

	High Value	Valuable	Little Value	No Value	
Phase 1: Internal hospital exercises	4	3	2	1	N/A
Phase 2: Community outreach and coordination of local resources	4	3	2	1	N/A
Phase 3: Coordination of medical response	4	3	2	1	N/A
Phase 4: Regional, multi-agency disaster response exercise	4	3	2	1	N/A

14. If your organization has not been involved in any of the previous phases, what are the reasons?

_____

15. Has a regional preparedness and response planning and coordination model been implemented in your area?

____No ____Yes

16. If so, what model?
Please specify regional planning and coordination model and source

_____

17. Have other preparedness programs, besides Strategies For Incident Preparedness, been used at your organization?

____No ____Yes, please specify preparedness program and source:

18. When did your organization use the other preparedness programs?

____ ____

Month Year

Part 4: Demographics

19. Which one of the following types of organizations best describes your organization?

____Clinic ____Emergency Management ____Government Agency
____Hospital ____Civic Organization ____ Volunteer Organization
____Public Health Agency ____ Long-term Care Facility
____Other, please specify_____

20. Within your organization, what level of program planning do you most often assume? Please check one of the following.

____Executive- e.g., hospital administrators, CEOs, and medical leadership

____Operational- e.g., hospital & medical staff, support personnel, first responders, and community organizations

____Regional Coordination- e.g., hospitals & medical facilities in mutual support under Mutual Aid Agreements, local disaster response agencies, and Federal & Sate agencies

____Other_____

21. Please describe the service area in which you will be using the Guidebook recommendations (e.g., population size; size of region served).

_____

22. How many years have you worked in the field of emergency response and preparedness?

_____

23. Within your organization, who has the responsibility for implementing plans regarding incident preparedness?

____I do ____Other person

DO NOT SUBMIT ANY PERSONAL OR IDENTIFYING INFORMATION IN THIS QUESTIONNAIRE

Evaluation of the National Bioterrorism Civilian Medical Response Center's (CIMERC) guidebook: *Strategies For Incident Preparedness: A National Model* (2003)

Feedback Form

Please respond to the following questions regarding the evaluation instrument you just completed. Your responses will be used to assess the evaluation instrument and assist with the evaluation process.

1. To what degree do you understand each question in the evaluation instrument?

Definitely			Not at All
4	3	2	1

Comments:_____

2. To what degree is the evaluation instrument's current length appropriate?

Definitely			Not at All
4	3	2	1

Comments:_____

3. To what degree do you feel that the evaluation instrument would benefit from additional questions?

Definitely			Not at All
4	3	2	1

Comments:_____

4. To what degree do you feel that the evaluation instrument would benefit from fewer questions?

Definitely			Not at All
4	3	2	1

Comments:_____

5. Do you have any further suggestions regarding the evaluation process for *Strategies For Incident Preparedness: A National Model* (2003)?_____

_____

_____

Thank you for your feedback.

Evaluación de la Guía del Centro Nacional de Respuesta Médico Civil para el Bioterrorismo (CiMeRC), "Estrategias para la Preparación Ante Incidentes", como base para una PROPUESTA para contribuir a un modelo nacional.

Primera Parte: Acceso y revisión

1. ¿Cuándo accedió su organización a la Guía?

   ___ ____ ____
   DiaMes Año

2. ¿Hasta qué punto su organización ha utilizado la Guía hasta el momento?

❑	Sólo ha accedido
❑	Accedió y Revisó
❑	Accedió, Revisó e Implementó

3. ¿Cuáles son los motivos por los cuales, si ha accedido a la Guía, no la ha revisado ni implementado?

   _____

4. Si ha **revisado** la Guía, pero todavía no la ha **implementado**, ¿cuáles son los motivos?

   _____

5. ¿Tiene la intención de implementar algunas de las estrategias formuladas por la Guía?

❑	No
❑	Si

   Si la respuesta es afirmativa, ¿cuando planea iniciar su implementación?

❑	En un período de 1 mes
❑	De 1 a 6 Meses
❑	De 7 a 12 Meses
❑	Más de 12 Meses

Si Ud. Ha accedido a la Guía, pero no la ha revisado, implementado o no planea implementarla, por favor, deténgase en éste punto y haga click aquí para enviar sus respuestas. Le agradecemos su amable participación.

Para aquellos que han **revisado, implementado o planean implementar** las estrategias de la Guía, por favor **continúe**.

Segunda Parte: Implementación

6. Si usted ha implementado las Estrategias de la Guía, ¿**cuántas semanas** le tomó desde el punto de **acceso** hasta su **implementación**?

❑	___ Semanas
❑	No han sido implementadas aún

7. ¿Hasta qué nivel la Guía provee una base de información y ejemplos para que su organización proceda a proyectar la **implementación**?

Muy Alto En Absoluto

4 3 2 1

Comentarios:_____

8. ¿Cuáles son algunos de los puntos fuertes de la Guía (enumerar hasta 3)?

- _____
- _____
- _____

9. ¿Cuáles son algunas de las áreas que necesitan ser mejoradas (enumerar hasta 3)?

- _____
- _____
- _____

Tercera Parte: Propósitos Previstos y Objetivos

10. ¿A qué nivel cree que la Guía posee conexión con el propósito previsto de "asistir a los hospitales, los sistemas de salud y otras organizaciones para el cuidado médico en la preparación para las consecuencias ante un desastre natural o causado por el hombre que pudiesen resultar en víctimas civiles masivas"?

Cree firmemente No cree en absoluto

4 3 2 1

Comentarios:_____

11. ¿Ha **practicado** su organización alguno de los siguientes ejemplos de desastre de la Guía? Si su respuesta es afirmativa, por favor evalúe cada uno de los que han sido utilizados de acuerdo al nivel en el cual el ejemplo de práctica ha sido de **valor** para su organización con propósitos de entrenamiento.

E/NP =Ejemplo no Practicado **Valor del ejemplo**

	Muy Alto			En absoluto	
Desastres Convencionales					
Choques en sistemas de transportes	4	3	2	1	E/NP
Fuego y caída de un edificio publico	4	3	2	1	E/NP
Desastres naturales (de comienzo repentino): Tornado	4	3	2	1	E/NP
Desastres naturales (de comienzo paulatino): Ola de calor y Sequía/ Tormenta Invernal Intensa	4	3	2	1	E/NP
Terrorismo que incluye Explosivos Convencionales					
Detonación de dispositivos Terroristas: Coche bomba	4	3	2	1	E/NP
Detonación de dispositivos: Suicida	4	3	2	1	E/NP
Liberación de Agentes Químicos					
Accidente con un tóxico industrial	4	3	2	1	E/NP
Derramamiento de químicos en transito	4	3	2	1	E/NP
Ataque terrorista utilizando un agente químico	4	3	2	1	E/NP
Botulismo	4	3	2	1	E/NP
Brote de enfermedad infecciosa					
Ántrax	4	3	2	1	E/NP
Tularemia	4	3	2	1	E/NP
Brote de enfermedad contagiosa					
Viruela	4	3	2	1	E/NP
Plaga	4	3	2	1	E/NP
Aparición de tuberculosis	4	3	2	1	E/NP
Gripe	4	3	2	1	E/NP
Incidente nuclear radiológico	4	3	2	1	E/NP
Accidente en una central de energía nuclear	4	3	2	1	E/NP
Detonación de un dispositivo radiológico en el medioambiente	4	3	2	1	E/NP
Detonación de un dispositivo radiológico en un espacio publico	4	3	2	1	E/NP
Ataque nuclear en un centro poblado	4	3	2	1	E/NP

12. Si su institución no ha participado de **ninguno** de los ejemplos de desastre previamente enumerados, ¿cuáles son las razones?

_____

13. Las *Estrategias para la Preparación Ante Incidentes* se encuentran enmarcadas dentro de un planeamiento de cuatro fases ¿Hasta qué nivel su institución se ha visto **implicada** en cada una de las siguientes fases de planeamiento?

E/NP = Ejemplo no Practicado	**Valor del ejemplo** Muy Alto			En Absoluto	
Fase 1: Ejercicios Internos del Hospital	4	3	2	1	E/NP
Fase 2: Llegada comunitaria y coordinación de recursos locales	4	3	2	1	E/NP
Fase 3: Coordinación de respuesta médica	4	3	2	1	E/NP
Fase 4: Ejercicio de respuesta de agencias múltiples ante Desastres regionales.	4	3	2	1	E/NP

14. Si su organización no se ha visto incluida en ninguna de las Fases anteriores ¿cuáles son los motivos?

_____

15. Como es sabido, el planeamiento es un componente importante de la implementación del programa. Una forma de facilitarlo es a través de un modelo de planeamiento regional y coordinación. Por ejemplo, un modelo designado para las instalaciones médicas podría ayudar en la coordinación de recursos múltiples requeridos durante un incidente con una cantidad masiva de víctimas. ¿Ha sido implementado en su área un modelo de coordinación y planeamiento?

❑	Si
❑	No

16. Si ha sido así, ¿qué modelo? por favor especificar modelo de coordinación y planeamiento y fuente:

_____

17. ¿Ha utilizado su organización algún otro programa de preparación, además de los propuestos en la Guía?

❑	No
❑	Si, por favor especificar el programa de preparación y la fuente:

_____

18. ¿Cuando utilizó su organización los otros programas de preparación?

____ ____
Mes Año

Cuarta Parte: Demográfica

19. ¿Cuál de los siguientes tipos de organizaciones describe mejor su organización?

❑ Clínica	❑ Administración de Emergencias	❑ Agencia Gubernamental
❑ Hospital	❑ Organización Cívica	❑ Organización Voluntaria
❑ Agencia de Salud Pública	❑ Instalación de Cuidados a Largo Plazo	

❑ Otros, por favor especificar _____

20. Dentro de su organización, ¿qué nivel de planeamiento del programa asume usted con mayor frecuencia? Por favor tilde una de las siguientes:

❑ Ejecutivo - ej:. Administradores del hospital , Director Ejecutivo, etc.

❑ Operacional- ej, Staff médico y hospitalario, personal de ayuda, aquellos quienes responden primeramente en casos de urgencia y organizaciones comunitarias.

❑ Coordinación Regional - ej: hospitales e instalaciones médicas en apoyo mutuo bajo Acuerdos de Ayuda Mutua, agencias de respuesta en desastres locales y agencias Federales y Estatales.

❑ Otros_____

21. Por favor describir el área de servicio en el cual se utilizarán las recomendaciones de la Guía (ej; tamaño de la población, tamaño de la región a tener en cuenta) ___
_____
_____

22. ¿Cuántos años ha trabajando en el campo de preparación y respuesta ante incidentes? _____

23. En su organización, ¿quién es responsable de implementar planes relacionados con la preparación ante incidentes?

❑ Yo mismo ❑ Otra persona

NO ENVIAR NINGUNA INFORMACION PERSONAL O QUE LO IDENTIFIQUE EN ESTE CUESTIONARIO

Evaluación de la guía del Centro Nacional de Respuesta Medico Civil al Bioterrorismo (CIMERC) y eSalud Americas: Estrategias para la Preparación ante Incidentes; Propuesta Para Un Modelo Nacional (2004)

Formulario de Retorno

Por favor responda a las siguientes preguntas referentes al instrumento de evaluación que usted acaba de completar. Sus respuestas serán utilizadas para determinar el instrumento de evaluación y asistir al proceso de evaluación.

1. ¿En qué grado usted entiende cada pregunta en el instrumento de evaluación?

Definitivamente			En absoluto
4	3	2	1

Comentarios:_____

2. ¿En qué grado el largo actual del instrumento de evaluación es apropiado?

Definitivamente			En absoluto
4	3	2	1

Comentarios:_____

3. ¿En qué grado usted siente que el instrumento de evaluación se beneficiaría con preguntas adicionales?

Definitivamente			En absoluto
4	3	2	1

Comentarios:_____

4. ¿En qué grado usted siente que el instrumento de evaluación se beneficiaría con menos preguntas?

Definitivamente			En absoluto
4	3	2	1

Comentarios:_____

5. ¿Tiene usted alguna otra sugerencia referente al proceso de evaluación para *Estrategias para la Preparación ante Incidentes; Propuesta Para Un Modelo Nacional (2004)*?_____

_____

_____

Gracias por su respuesta.

APPENDIX K – Hospital Self-Assessment SME Evaluation Tool

Evaluation of the National Bioterrorism Civilian Medical Response Center's (CIMERC) Hospital Self-Assessment Tool

Part 1: Access and Review

1. When did your organization access the Self-Assessment tool?

____ ____ ____
Day Month Year

2. To what extent has your organization used the Self-Assessment tool at this point in time?

____Only Reviewed ____ Evaluated my institution

3. If you have reviewed *the Self-Assessment tool* but have not used it to evaluate your institution, what are the reasons?

_____

4. Do you intend to use *the Self-Assessment tool* to evaluate your institution?
____No ____Yes
5. If yes, when do you intend to implement *the Self-Assessment tool*?
____Within 1 Month ____1 – 6 Months
____7 – 12 Months ____More Than 12 Months

If you *have not* reviewed or used the Self-Assessment tool and do not intend to do so in the future, please click here to complete the evaluation and submit your responses. Your participation is greatly appreciated.

If you *have* reviewed the Self-Assessment tool and / or used it to evaluate your institution or intend to use *the Self-Assessment tool*, please continue.

Part 2: Institution Evaluation

6. If you have evaluated your institution using *the Self-Assessment tool*, **how many weeks** did it take to go from the point of **access** of *the Self-Assessment tool* to **making recommended changes**?
____Weeks ____Have Not Implemented

7. To what degree does *the Self-Assessment tool* provide a base of information and examples for your organization to proceed to making recommended changes?

Very High			Not at All
4	3	2	1

Comments:_____

8. What are some strengths of *the Self-Assessment tool* (list up to 3 strengths)?
_____
_____
_____

9. What are some areas in need of improvement for the Self-Assessment tool (list up to 3 needs)?
_____
_____
_____

Part 3: Intended Purpose and Goals

10. To what degree do you believe that *the Self-Assessment tool* addresses its intended purpose to "assist hospitals, health systems, and other health care organizations in *preparing* for the consequences of natural or man-made disasters that could result in mass civilian casualties?"

Strongly Believe			Strongly Don't Believe
4	3	2	1

Comments:_____

11. Please rate each of the following questions as they relate to the needs of your institution and the types of injuries you expect during mass casualty incidents in your community.

Value of Question

	High Value	Valuable	Little Value	No value	Don't know / not sure
1) In the event of a mass casualty incident, do you currently have a pre-designated triage area proximate to, but outside of, the hospital?	4	3	2	1	DKNS
2) In the event of a mass casualty incident, do you currently have a policy addressing morgue capabilities/post mortem care planning?	4	3	2	1	DKNS
3) Do you currently possess any detection equipment for biological or chemical identification?	4	3	2	1	DKNS
4) Has the emergency staff (physicians, nurses, aides, technicians, and clerks) received training relevant to their jobs/roles in the event of a biological or chemical release/attack?	4	3	2	1	DKNS
5) Does your emergency department have decontamination capabilities?	4	3	2	1	DKNS
6) Does your facility have personal protective equipment available for staff use?	4	3	2	1	DKNS
7) Do you currently have written policies for your department that specifically address the evaluation and treatment of biological and chemical casualties?	4	3	2	1	DKNS
8) Does your written disaster plan include protocols referable to disasters involving biological and/or chemical agents?	4	3	2	1	DKNS
9) Has your facility ever participated in a disaster exercise involving biological and/or chemical agents?	4	3	2	1	DKNS
9a) When was the last such drill?	4	3	2	1	DKNS

10) Do you currently have written cooperative agreements with any of the following agencies with regard to the community response to biological and chemical casualties? • Surrounding Hospitals • Police • Fire • EMS	4	3	2	1	DKNS
11) Do you have on staff, or have ready access to, professionals who are content experts in issues involved with biological and chemical agents that may be used by terrorists?	4	3	2	1	DKNS
12) Are any of the following antidotes available in your emergency department? • Lyophilized Atropine • 2-Pam	4	3	2	1	DKNS
13) In the event of a biological release/attack, do you have a written plan for post exposure prophylaxis of staff?	4	3	2	1	DKNS
14) Does your ED have the ability to either "lock down" or otherwise effectively strictly control access to the ED itself during the evolution of a mass casualty incident?	4	**3**	**2**	**1**	DKNS

12. Have you attempted to evaluate your agency's preparedness level in the past?

____No ____Yes, please specify the evaluation process and source:

_____

13. When did your organization use the other evaluation process?

____ ____
Month Year

Part 4: Demographics

14. Which one of the following types of organizations best describes your organization?

____Clinic ____Emergency Management ____Government Agency

____Hospital ____Civic Organization ____ Volunteer Organization

____Public Health Agency ____ Long-term Care Facility

____Other, please specify_____

15. Within your organization, what level of program planning do you most often assume? Please check one of the following.

____Executive- e.g., hospital administrators, CEOs, and medical leadership

____Operational- e.g., hospital & medical staff, support personnel, first responders, and community organizations

____Regional Coordination- e.g., hospitals & medical facilities in mutual support under Mutual Aid Agreements, local disaster response agencies, and Federal & Sate agencies

____Other_____

16. Please describe the service area in which you will be using the hospital Self-Assessment tool (e.g., population size; size of region served).

_____

17. How many years have you worked in the field of emergency response and preparedness?

_____

18. Within your organization, who has the responsibility for implementing plans regarding incident preparedness?

____I do ____Other person

DO NOT WRITE ANY PERSONAL OR IDENTIFYING INFORMATION ON THIS QUESTIONNAIRE

Evaluation of the National Bioterrorism Civilian Medical Response Center's (CIMERC): *Hospital Self-Assessment Tool*

Feedback Form

Please respond to the following questions regarding the evaluation instrument you just completed. Your responses will be used to assess the evaluation instrument and assist with the evaluation process.

1. To what degree do you understand each question in the evaluation instrument?

   Definitely — Not at All

   4 3 2 1

   Comments: _____

2. To what degree is the evaluation instrument's current length appropriate?

   Definitely — Not at All

   4 3 2 1

   Comments: _____

3. To what degree do you feel that the evaluation instrument would benefit from additional questions?

   Definitely — Not at All

   4 3 2 1

   Comments: _____

4. To what degree do you feel that the evaluation instrument would benefit from fewer questions?

   Definitely — Not at All

   4 3 2 1

   Comments: _____

5. Do you have any further suggestions regarding the evaluation process for *the Hospital Self-Assessment Tool*? _____

   _____

   _____

Thank you for your feedback.

Evaluación de la Herramienta de Auto Evaluación para Hospitales del Centro Nacional de Respuesta Médico Civil para el Bioterrorismo (CiMeRC):

Parte 1: Acceso y revisión

1. ¿Cuándo tuvo acceso su institución a la Herramienta de Auto Evaluación?
____ del ____ del ____
Año Mes Día

2. ¿En qué medida su institución ha utilizado la Herramienta de Auto Evaluación en este tiempo?

❑ Revisado solamente ❑ Evaluó a mi institución

3. ¿Si usted ha revisado *Herramienta de Auto Evaluación* pero no la ha utilizado para evaluar a su institución, cuáles son las razones?

_____

4. ¿Usted se prepone utilizar la *Herramienta de Auto Evaluación* para evaluar a su institución?

❑ No ❑ Sí

5. ¿Si sí, cuándo usted se prepone poner la Herramienta de Auto Evaluación en ejecución?

❑ En el plazo de 1 Mes ❑ 1 – 6 Meses
❑ 7 – 12 Meses ❑ Más De 12 Meses

Si usted ha tenido acceso a la *Herramienta de Auto Evaluación*, pero no la ha revisado aún ni la ha utilizado para evaluar a su institución, deténgase en éste punto y haga click aquí para enviar sus respuestas. Le agradecemos su participación.

Para los que **han revisado la *Herramienta de Auto Evaluación* y/o la han utilizado para evaluar a su institución o se han propuesto utilizarla**, por favor **continúe**.

Parte 2: Evaluación De la Institución

6. ¿Si usted ha evaluado a su institución usando la *Herramienta de Auto Evaluación*, **cuántas semanas** llevó desde el momento **de acceso** a la misma hasta la **realización de cambios**?

   _____ Semanas _____ No se ha puesto en ejecución

7. ¿En qué medida la *Herramienta de Auto Evaluación* proporciona una base de información y de ejemplos para su institución con el fin de proceder a realizar cambios los recomendados?

Mucho			Nada
4	3	2	1

Comentarios:_____

8. ¿Cuáles serían algunos puntos fuertes de la *Herramienta de Auto Evaluación* (hasta 3)?
   - _____
   - _____
   - _____

9. ¿Cuáles son las cosas que usted cree necesitaría mejorarse en la Herramienta de Auto Evaluación (hasta 3)?
   - _____
   - _____
   - _____

Parte 3: Propósito y Metas Previstas

10. ¿En qué medida usted cree que la *Herramienta de Auto Evaluación* trata su propósito previsto "de asistir a hospitales, a sistemas de salud, y a otras organizaciones para el cuidado médico en *la preparación* para las consecuencias de los desastres naturales o provocados por el hombre que podrían dar lugar a víctimas en masa"?

Cree Fervientemente			No cree
4	3	2	1

Comentarios:_____

11. Por favor, clasificar cada una de las preguntas siguientes como se relacionan con las necesidades de su institución y los tipos de lesiones que usted espera recibir durante incidentes con víctimas en masa en su comunidad.

	Muy valioso	Valioso	Algo valioso	No valioso	No sabe/ no está seguro
1) En caso de producirse un incidente que produce víctimas en forma masiva, ¿cuenta actualmente con una zona de triaje predesignada próxima, pero fuera del hospital?	4	3	2	1	NS/NES
2) En el supuesto de un incidente con cantidades masivas de heridos, ¿cuenta actualmente con una	4	3	2	1	NS/NES

política destinada a la planificación de las funciones de morgue/ atención post mortem?					
3) ¿Posee actualmente algún equipo de detección que le permita identificar productos biológicos o químicos?	4	3	2	1	NS/NES
4) ¿Recibió el personal de emergencias (médicos, enfermeras, auxiliares, técnicos y empleados administrativos) la correspondiente capacitación sobre sus tareas/funciones en el supuesto de un ataque/ liberación de agentes biológicos o químicos?	4	3	2	1	NS/NES
5) ¿Cuenta su unidad de emergencias con métodos de descontaminación?	4	3	2	1	NS/NES
6) ¿Cuenta su establecimiento con equipos de protección personal?	4	3	2	1	NS/NES
7) ¿Cuenta actualmente con políticas escritas en su unidad en la que se traten específicamente la evaluación y el tratamiento de víctimas de agentes biológicos y químicos?	4	3	2	1	NS/NES
8) ¿Incluye su plan de desastre escrito protocolos preparados para hacer frente a hechos que involucren agentes biológicos y/o químicos?	4	3	2	1	NS/NES
9) ¿Participó su establecimiento alguna vez en un ejercicio de desastre debido a agentes biológicos y/o químicos?	4	3	2	1	NS/NES
9ª) ¿Cuándo fue este último ejercicio?	4	3	2	1	NS/NES
10) ¿Tiene actualmente convenios de cooperación con alguno de los siguientes organismos en lo que respecta a la respuesta de la comunidad ante casos de víctimas de agentes biológicos y químicos? • Hospitales Circundantes • Policía • Bomberos • Sistema de Gestión de Emergencias	4	3	2	1	NS/NES
11) ¿Cuenta dentro de su plantel o puede acceder rápidamente a profesionales especializados en el conocimiento de todo aquello relacionado con agentes biológicos y químicos que puedan ser usados por terroristas?	4	3	2	1	NS/NES
12) ¿Se encuentra disponible en su unidad de emergencias antídotos tales como atropina o PAM? • Atropina Liofilizada • 2-PAM	4	3	2	1	NS/NES
13) En caso de producirse un hecho de liberación/ataque biológico, ¿cuenta con algún plan escrito para la profilaxis del personal después de la exposición?	**4**	3	2	1	NS/NES

12. ¿Ha intentado previamente evaluar el nivel de preparación de su institución?

❑ NO
❑ SI, por favor, especifique las características del proceso de evaluación y la fuente.

_____

13. ¿Cuándo utilizó su institución el otro proceso de evaluación?

____ del ____
mes del año

Parte 4: Demografía

14. ¿Cuál de los siguientes tipos de organizaciones describe mejor su institución?

❑ Clínica	❑ Administración de Emergencias	❑ Agencia Gubernamental
❑ Hospital	❑ Institución Cívica	❑ Institución Voluntaria
❑ Agencia de Salud Pública	❑ Instalación de Cuidados a Largo Plazo	

❑ Otros, por favor especificar _____

15. Dentro de su institución, ¿qué nivel de planeamiento del programa asume usted con mayor frecuencia? Por favor tilde una de las siguientes:

❑ Ejecutivo - ej:. Administradores del hospital, Director Ejecutivo, etc.

❑ Operacional- ej, Staff médico y hospitalario, personal de ayuda, aquellos quienes responden primeramente en casos de urgencia y organizaciones comunitarias.

❑ Coordinación Regional - ej: hospitales e instalaciones médicas en apoyo mutuo bajo Acuerdos de Ayuda Mutua, agencias de respuesta en desastres locales y agencias Federales y Estatales.

❑ Otros_____

16. Describir por favor el área de servicio en la cual usted utilizará la Herramienta de Auto Evaluación (e.g., tamaño de la población; tamaño de la región).

_____

17. ¿Cuántos años ha trabajando en el campo de preparación y respuesta ante incidentes?
_____

18. En su institución, ¿quién es responsable de implementar planes relacionados con la preparación ante incidentes?

❑ Yo mismo ❑ Otra persona

NO ESCRIBA NINGUNA INFORMACION PERSONAL O QUE LO IDENTIFIQUE EN ESTE CUESTIONARIO

Evaluación de la *Herramienta de Auto Evaluación* del Centro Nacional de Respuesta Medico Civil al Bioterrorismo (CIMERC) y eSalud Americas.

Formulario de Retorno

Por favor responda a las siguientes preguntas referentes al instrumento de evaluación que usted acaba de completar. Sus respuestas serán utilizadas para determinar el instrumento de evaluación y asistir al proceso de evaluación.

1. ¿En qué grado usted entiende cada pregunta en el instrumento de evaluación?
   Definitivamente — En absoluto

   4 3 2 1

   Comentarios:_____

2. ¿En qué grado el largo actual del instrumento de evaluación es apropiado?
   Definitivamente — En absoluto

   4 3 2 1

   Comentarios:_____

3. ¿En qué grado usted siente que el instrumento de evaluación se beneficiaría con preguntas adicionales?
   Definitivamente — En absoluto

   4 3 2 1

   Comentarios:_____

4. ¿En qué grado usted siente que el instrumento de evaluación se beneficiaría con menos preguntas?
   Definitivamente — En absoluto

   4 3 2 1

   Comentarios:_____

5. ¿Tiene usted alguna otra sugerencia referente al proceso de evaluación para la Herramienta de Auto Evaluación?_____

   _____

   _____

Gracias por su respuesta.

APPENDIX L – SME Evaluation Tool

Screening Instrument for Inclusion in the 4th Meeting

Argentinean emergency response agencies will be invited to appoint a representative to one of the three preliminary meetings. Throughout the course of the preliminary meetings, the perceived value of a given agency and the leadership level of each participant will be evaluated by meeting facilitators based on a two-part process. Responses to questions from part one will be used as a guide for qualitative analysis.

Part I will estimate the agency's significance to the development of mass casualty response preparedness instruments according to the following:

I. What is the name of the agency represented? _____
II. Which of the following best describes the agency?
    a) Public (non-government)
    b) Private
    c) Government
    d) Don't Know/Not Sure
III. What is the source of the agency's principle funding?
    a) Internal (such as tax dollars or agency profits)
    b) External
    c) Other _____
    d) Don't Know/Not Sure
IV. Does this agency provide funding for other institutions to create or operate emergency response programs or technology?
    a) Yes
    b) No
    c) Don't Know/Not Sure
V. What is the primary function of the agency?
    a) Emergency response (fire, law enforcement, pre-hospital medical, hazardous materials, etc.)
    b) Emergency management
    c) Pre-event preparedness planning
    d) Think tank/policy organization
    e) Don't Know/Not Sure

Part II will utilize a likert-type scale [1 (None), 2 (Little), 3 (Some), 4 (Extensive)] to evaluate each participant according to the following categories:

I. Background and credentials
II. Expressed confidence/knowledge of the material
III. Participation Level
IV. Political importance of institution represented

Participants with the highest leadership evaluation score will be selected to attend the 4th meeting.

Instrumento de Investigación para la Inclusión en la 4ta Reunión

Se invitará a las agencias argentinas involucradas en la respuesta ante emergencias a que designen un representante que asistirá a una de las tres reuniones preliminares. En el curso de las reuniones preliminares, el nivel de liderazgo de cada participante en la materia será evaluado mediante un proceso en dos partes. Las respuestas a las preguntas de la parte uno serán utilizadas como guía para el análisis cualitativo.

La parte I evaluará a la agencia representada por el participante según lo siguiente:

I. ¿Cuál es el nombre de la institución representada? _____
II. ¿En cuál de lo siguientes sectores se sitúa su institución?
    f) Público (no-gubernamental)
    g) Privado con fines de lucro
    h) Privado sin fines de lucro
    i) Gobierno
    j) No sabe/No está seguro
III. ¿Cuál es la fuente principal de financiación?
    k) Interno (p. ej. impuestos o ganancias de la institución)
    l) Externo
    m) Otro _____
    n) No sabe/No está seguro
IV. ¿Proporciona su institución financiamiento para otras instituciones con el fin de crear o implementar programas/ tecnologías para la respuesta ante situaciones de emergencia?
    o) Sí
    p) No
    q) No sabe/No está seguro
V. ¿Cuál es la función principal de la institución?
    r) Respuesta ante emergencias (incendios, apoyo a las fuerzas policiales, atención pre-hospitalaria de víctimas, materiales peligrosos, etc.)
    s) Manejo de Emergencias
    t) Planeamiento y Preparación Pre-Incidente
    u) No sabe/No está seguro

La parte II utilizará una escala tipo Likert [1 (ninguno), 2 (poco), 3 (algunos), 4 (Muchos)] para evaluar a cada participante según las categorías siguientes:

I. Fondo y credenciales
II. Confianza expresa / Conocimiento del material
III. Nivel de Participación
IV. Importancia política de la institución representada

Se seleccionarán a los participantes con la puntuación más alta de la evaluación para asistir a la 4ta reunión

APPENDIX M – Additional Scenario

Scenario 21 – English version

In the city of _____ at 4 p.m. a riot begins in _____ penitentiary, which has an internal population of 1,638 served by 30 guards. This penitentiary is located in a populated district, in proximity to the civic and commercial center.

This riot involves a great percentage of inmates; those that take the command are located within the building with a large number of hostages confirmed by guards, health personnel, directors and relatives of the inmates who were there during scheduled visits.

There is a large number of wounded and casualties.

Rapidly, the scene is full of maintenance and emergency staff, security forces and journalists distributed in the peripheral zones of the prison and surrounded by neighbors.

A red zone of greater risk is located in the frontal external patio, where shootings take place inside (inmates), outside (security forces) and from the periphery (family members).

After 12 hours, security forces suppress the riot and order is restored. Severe structural and property damage is seen inside the prison, in the infirmary, in the kitchen and in the common areas, leaving the penitentiary location without basic services (potable water, sanitarians and medical facilities).

Scenario 21 – Spanish version

En la ciudad de ..... a las 16 hs. se inicia un Motín en la Penitenciaria, tiene una población de 1638 internos con una cobertura de 30 guardia cárceles.

Dicha penitenciaria se encuentra ubicada en un barrio populoso de la zona urbana en proximidades al centro cívico y comercial.

Este motín involucra a un gran porcentaje de los internos los que toman el comando del edificio y numerosos rehenes conformados por guardia cárceles, personal de sanidad, directivos y familiares de los reclusos que se encontraban en el horario de visita.

De esa acción se originan muertos y numerosos heridos.

En este escenario participan también vecinos, personal de servicios de Emergencias y fuerzas de seguridad y periodistas distribuidos en las zonas periféricas a la penitenciaría.

La zona de mayor riesgo se ubica en el patio externo frontal donde se producen disparos de arma de fuego provenientes del interior (reclusos), exterior (fuerzas de seguridad) y desde la periferia (familiares).
Luego de 12 horas se restablece el orden, objetivándose daños severos estructurales y de mobiliario en el sector de sanidad, cocina y áreas comunes, quedando la penitenciaria sin los servicios básicos de agua potable, eliminación de excretas y cobertura médica.

APPENDIX N – American Telemedicine Association Conference 2005 Poster Abstracts

TITLE: International biodefense enhancement capabilities from a policy perspective
AUTHORS: Sherri M. Jurgens, MPH[1], Chad P. Schaben, MPH[1], Xavier Urtubey, MD[2], Fernando Uminsky[2]

"Developing the capacity of the health sector to address any sudden occurrence of epidemic outbreaks or release of hazardous substances, regardless of their cause, is the most effective public health investment to prepare for terrorism acts." - executive summary, PAHO *Project on Preparedness for BCR Terrorism*

Project background:
Civilian populations across the world are working to enhance preparedness for potential mass casualty incidents (MCI) on multiple dissemination platforms. A need to provide redundant and strategic assessment and preparedness tools in diverse language sets was identified as a need at the 2003 American Telemedicine Association meeting.

Strategies for Incident Preparedness: A National Model and an online hospital Self-Assessment tool was made available in the Spanish language to address this global need. This research describes an international partnership to translate and deliver web-based and interactive preparedness tools for the Argentinean civilian medical emergency response and preparedness community.

Shared Experiences
The devastating impact of a mass casualty incidents (MCI) whether natural or man-made in origin is vast and will quickly overwhelm any system:

- Parana floods (AR)
- Kromagnon Fire (AR)
- AMIA terrorist attack (AR)
- Monkeypox Outbreak 2003 (USA)
- Terrorist attacks of 11 September 2001 (USA)

Methods:
Nominal group process was used to develop consensus on the effective translation and evaluation of two planning and preparedness tools created for the target population. Representatives from participating agencies analyzed each tool for potential application toward preparedness needs at multiple levels of response in Argentina.

- Draft tools in Spanish were made available online for experts from selected functional service disciplines and geographic areas to review.

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- Buenos Aires, Santa Fe, and Cordoba comprise approximately seventy percent of Argentina's population and were targeted for project implementation.
- An invitation was sent to directors of all emergency response agencies within the defined geographic area.
- Agencies agreeing to participating in the research sent 1-2 subject matter experts (SME's) to a meeting in the capital city of their province.
- The agency was provided access information to a secured website containing the enhancement tools, evaluation instruments for each tool, a brief project presentation, as well as SME meeting details.
- Participants completed anonymous online evaluation forms prior to each meeting.
- Categorical interest areas were used to guide discussions during the SME meetings: Contextual integrity, Content validity and Content completeness.
- Randomly selected SME's were invited to an additional meeting held in Buenos Aires to draw consensus on previous SME meeting recommendations.
- Building upon the consensus points from the SME meetings, experts added value to each of the instruments. Additional comments outside of the prepared discussion areas of the tools were taken and added for potential areas of development.

Results:

Preliminary SME Meeting locations:

- Buenos Aires
- Cordoba
- Santa Fe
- Consensus Meeting location – Buenos Aires

Guidebook					
	RECOMMENDATIONS	M1*	M2#	M3^	M4@
SCENARIO BUILDING	Define responsibilities of agencies and government levels	▲	▲	▲	▲
	Generate worksheet on each scenario that will help to summarize the exercise		▲		
	Make available ways to generate community-based scenarios	▲	▲		▲
	Develop questions to help users identify nutritional and sanitation resources		▲		
	Develop questions that will challenge users to create policy on evaluating physical and psychological damages		▲		
	Develop scenarios to help identify resources	▲			
GENERAL	Provide clearer instruction about how to tailor scenarios to local need	▲	▲	▲	▲
	Recommendation: introduce responding agencies before exercise/actual event			▲	
TRAINING NEEDS	SME's need training prior to tool evaluation	▲	▲	▲	▲
ADDITIONAL RESOURCES	Include Argentinean or Internationally accepted emergency response plan or guidelines	▲	▲	▲	▲
	Resource category: technical training sources			▲	
	Resource category: legal guidelines			▲	
	Resource category: financial aid resources			▲	
M1* Buenos Aires meeting M2# Cordoba meeting M3^ Santa Fe meeting M4@ Consensus meeting in Buenos Aires					

Hospital Self-Assessment Tool					
	RECOMMENDATIONS	M1*	M2#	M3^	M4@
CONTENT	Provide a stronger focus on MCI and general preparedness issues	▲	▲	▲	▲
STRUCTURE	Create chapters of SAT: MCI preparedness, nuclear preparedness, bio-chem prep, transport HAZMAT	▲	▲	▲	▲
SYSTEM UPGRADE	Include GIS and critical maps		▲		
	Include early warning systems			σ	
	Technology category: save and complete upon return, multi-session use		σ	σ	σ
	Include expert resource systems			σ	
M1* Buenos Aires meeting M2# Cordoba meeting M3^ Santa Fe meeting M4@ Consensus meeting in Buenos Aires					

Discussion and Policy Implications

Based upon the outcomes of this consensus development process, the following policies are warranted:

- Need to establish an emergency response group inclusive of all the department heads within and among each emergency response agency
- Develop a centralized repository for emergency response tools and information.
- Establish laws to designate roles, equitable authorization, priorities and responsibilities for all response agencies.
- Establishment of communication protocols inclusive of all response agencies
- Coordination among regional/provincial hospital network for mutual aid and additional resource sharing.
- Establish requirement for annual exercises.
- Establish framework for local hospitals to use for an emergency response plan that integrates with the greater Argentina system.
- Leverage the communication protocol to educate and train on areas such as legal issues, new response methodologies, recent response debriefings, new resources and funding opportunities.

Conclusion and Implications for Telehealth:

As obstacles to crossing international borders lessen and mobility continues to increase, public health risks and susceptibility to terrorism quicken at an alarming rate. A biological threat, whether the result of a weapon intended to cause mass destruction or representative of the next pandemic, remains an international threat. As such, the development of ICT tools for prevention, preparedness, early warnings and health management during MCI's is critical for incident mitigation and recovery efforts.

Preparedness tools on multiple platforms increase the potential to enhance emergency response capacity in areas with limited resources. This project emphasizes the importance of making such tools available in a contextual and culturally appropriate manner to enhance international MCI preparedness.

Title
Merging methods and methodology to work on a US – Latin America joint project

Authors
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Keywords
Methodology; Civilian; Natural disaster; Biodefense; Pan-American; Inter-Agencies; Cooperation; Readiness; Telehealth; Cultural; Human factor.

Project background
Preparedness for potential mass casualty incidents (MCI), caused by natural disasters or by human means –either on intentional or accidental behavior– is viewed by most recognized experts and by international organizations as the most effective preemptive tool.
Since year 2000, **CiMeRC** (National Bioterrorism Civilian Medical Response Center, Drexel University, Philadelphia, USA) worked on a series of preparedness and self assessment tools, such as US version of *Strategies for Incident Preparedness: A National Model* and the online hospital *Self-Assessment Tool*, both centered in bioterrorism issues.
During ATA 2003' International Day, **eSalud Americas** directing manager and telemedicine's leader was invited by TATRC to present a *Multisectorial Latin-American Telehealth Experience*, including two MCI projects with Argentina's Space Agency (CoNAE): a Pandemic Early Warning and an Emergency Satellite Network.
Due to common approach and general objectives, TATRC encouraged both team to work on a joint effort to achieve a first Latin-American and Caribbean adaptation of the two US tools, in a first phase for Argentina.

Methodology

Merging objectives
A first phase of our joint methodology was to be sure to have common objectives regarding this effort phase. During project's preparation and also on kick off meeting, the following objectives were analyzed in each detail:

- Evaluating their replication to a Latin environment.
- Large representatives of different regions.
- Broad call on Argentinean Subject Mater Experts (SME) to search for consensus.
- Incorporation of local experience on different levels.
- Search for political support to guaranteed acceptation dissemination.

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[3] eSalud Americas (formerly known as Era Digital - Buenos Aires), Cordoba Ave. 487, floor G, Capital Federal 1054 Buenos Aires Argentina, www.esamericas.net.

[4] The National Bioterrorism Civilian Medical Response Center (CiMeRC), 3201 Arch Street, Philadelphia PA 19104 United States, www.cimerc.org.

Merging languages and cultural issues

In order to obtain an effective interaction between two parts, it is necessary to generate a communication protocol that allows establishing a dialogue on common bases.

In this US – Argentina joint project, both actors besides to have different languages, have social, political, economic and cultural differentiations, reflected among other on:

- Health priorities.
- Political times.
- Budgetary realities.
- The predisposition to work previously.
- Work in the public and private sector simultaneously.
- Formalisms issues.

In order to resolve these differences a success factor was to establish between both **eSalud Americas** and **CiMeRC** an effective dialogue thanks to the following actions:

- Presence meetings (6 meetings took place during the project).
- Between 2 and 4 conference calls each month.
- Constant emails supported by chat sessions.

Merging methods

eSalud Americas and **CiMeRC** made a special effort to merge their working methods, improving teamwork on each project step.

Even though, due to project's critical thematic, the team look forward on establishing strategic alliances with mayor referral organizations to rely on each field of expertise, such as:

- *Ethics and human related issues*: Argentinean Medical Association and US IRB (MRMC and Drexel University's).
- *Policy perspectives*: CIPPEC (Argentina's neutral policy perspective) and PAHO (Latin American and Caribbean policy perspective).
- *Neutral moderation*: Democratic Change Foundation (facilitators).

This allowed to elevate team's suitability level and to optimize the results credibility.

Merging methodologies

- *Choosing between US and Argentinean methodology principle*: Critical issues' project such as MCI preparedness needs to take over-precautions. As a consensus standard for the projects methodology, both teams decided from the go ahead –during project proposal's preparation– that from two criteria regarding the same issue, sharper one would be selected. This was agreed again at the kick off meeting.
- *Open information and documents and invitation to participate*: According to the previous point, all the information and documentation regarding the project that would be send to MCI agencies was prepared taking in account Argentinean cultural and political background but on US discretional standards.
- *Project participants selection*: Translator's selection needed special attention and therefore methodology was keen on a double approach including a broader selection of a small group of five health specialized public translators and, on a second phase, a little competition translating a common text. Subject Mater Experts (SME) were not directly selected but throughout a large invitation to all the MCI response agencies of the federal government and the 3 implicated locations. Each agency had to point a representative SME witch wouldn't be identified by any means.

- *Changes in look and feel*: Look and feel is an important approach and has to take in account all the cultural, historical and political issues of each population. On this topic, PAHO's inputs had a special place in the Argentinean version of the tools.
- *Project cover area selection*: Taking in account project's limitations regarding a number of 3 SME meetings that could be achieved, we had to choose either to centralize all the meetings in one city, or to do them on specific provinces' cities. Second option was choose, taking in account both Argentina's federal organization and cultural needs of recognition of all the provinces. The 3 provinces were selected on demographical criteria.

Results

Merging methodology had its principal goal achieved: all projects objectives were reached.

- Both tools are available in a contextual and culturally appropriate manner for Argentina, reflecting country's priorities.
- We could obtain SME's guidelines to change the Scenarios guidebook index based on both context and experience on 3 levels: country, provinces and mayor cities.
- Recommendations to make available ways to generate community-based scenarios.
- Recommendation to provide a stronger focus on MCI and general preparedness issues defining responsibilities of agencies and government levels.
- Proposal to enhance and update the online tool to provide more services like GIS, critical maps, early warning systems, develop questions to help users identify nutritional and sanitation resources
- etc.

Some difficulties put on test eSA-CIMERC team joint method, resulting on a strengthening of its teamwork robustness:

- *There is no systematic need in Argentina for IRB review of research projects if it doesn't concern drugs or medical material testing*: MRMC's IRB asked for an independent Argentinean authority to refer on these aspects. As result, a non-scheduled specific effort consisted on identifying a medical ethical authority. The participation of the Argentinean Medical Association as a reference center was obtained.
- *Lack of national provinces and cities real basis cooperation*: eSA-CIMERC team worked in three levels, local SME, technical consensus and institutional support, overcoming this complexity.
- *Timelines*: Because of independent approvals needs, project's initial workflow couldn't be reached leading to few mayor complications such as a high level Minister resignation.

As a general results, despite a series of problematic eSA-CIMERC joint effort could reach all projects' objectives, needing only a time extension.

Furthermore, SME meetings dynamic and both individual and institutional acceptation of this initiative's methodology reached results beyond expectations, such as MCI Response generated inter-agency debate and exchange of information on how to enhance its organization and cooperation.

A lack of IRB's identified counterpart resulted on a challenging workflow. This prompts unnecessary obstacles such as loosing opportunity windows or political support, for instance after Homeland Security Minister discharge. In a more general perspective, it could lead in loosing extremely important momentum.

We believe the most influent success factor was communication within eSA-CIMERC joint team. Face-to-face meetings worked as root, improved by weekly –and daily on critical phases– communication throughout telephone, mail and chat sessions. We strongly believe that IP-based Videoconferencing will improve next efforts internal communication.

Conclusions

Telemedicine and Telehealth tend to open cooperative networks from local to global levels. Merging methods is then a key issue to assure collaborative success for all multinational networks' players.

When cooperation takes place between two origin-diverse teams, furthermore working on critical-sensitive subjects such as preparedness for potential MCI, there's a need for specific methods to merge methodologies.

It is very important to take in consideration cultural aspects, language differences and the national or regional context.

Cooperation experiences like the one described in this work, should be added to the learned lessons and shared with the community for the development of future joint projects between US and Lantin America teams.