

NMFRDisaster

identifying the Needs of Medical First Responders in **Disasters**



**Human impact of
disasters**



**Training methodology
and technology**

Conclusions & future researches

Sinergie S.r.l.



identifying the Needs of Medical First Responders in Disasters

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Partners:

- Al-Quds Centro di Ricerca sulla Nutrizione e sulla Salute (PALESTINIAN ADMINISTERED AREAS)
- Ambulance Zorg Nederland (NETHERLANDS)
- Charles University (CZECH REPUBLIC)
- Danish Red Cross (DENMARK)
- CSSC - Centro per la Scienza, la Società e la Cittadinanza (ITALY)
- Fundacion Rioja Salud (SPAIN)
- SAMUR Servicio de Asistencia Municipal de Urgencia y Rescate (SPAIN)
- Shield Group Inc. – Security and Counter Terrorism Management (NETHERLANDS)
- SINERGIE Training and Human Resources Management (ITALY)

INTERNATIONAL WORKSHOPS: discussions and conclusions

Human impact of disasters

Training methodology and technology

Torino, November 10-12 (2008)



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**Agenda for the workshops organized by Sinergie S.r.l. in the frame of the project
NMFRDisaster**

Torino, November 10-12 (2008)

Camplus – Foresteria Lingotto
Via Nizza 230 – c/o 8 Gallery
Ramp Nord 4th floor



Human impact of disasters



Training methodology and technology



10.11.2008

Understanding the human impact of disaster on first responders

9.00	Opening Welcome and declaration of workshop's aims		
	<ul style="list-style-type: none"> • M.Eula - Sinergie (I) • Ch.Rafalowski - Magen David Adom (IL) 		
9.20	Chairman: D.E. Alexander - CESPRO (I) They debate on:		
	<ul style="list-style-type: none"> - Psychological and human consequences of disasters for medical first responders - Preparation and reinforcement of resilience - Strategies for coping 		
9.40	<ul style="list-style-type: none"> • M. Rolle / P. Rey - Samur PC Madrid (E) 		
10.00	<ul style="list-style-type: none"> • A. Ytre - IFRC for Psychological support (DK) 		
10.25	Coffee break		
10.45	<ul style="list-style-type: none"> • J. Bartlett - New York City Fire Dep. (USA) 		
11.15	<ul style="list-style-type: none"> • Z. Abdeen - Al-Quds University (Pal) 		
11.45	<ul style="list-style-type: none"> • E. Mordini - CSSC (I) 		
12.00	Question time		
12.40	Lunch time		

14.30	Parallel workgroups		
16.30	WG1 Rapporteur S. Vymetal CUNI (CZ)	WG2 Rapporteur Ch. Rafalowski MDA (IL)	WG3 Rapporteur E. Babaud CRF (F)

16.30	Coffee break		
17.00	Parallel sessions		
	Exchange of conclusions among rapporteurs	Video: key points for reflection and promoting the debate - Samur (E)	

11.11.2008

9.00	Chairman: D.E. Alexander - CESPRO (I)		
	Images that speak out		
	Videos, tools, photo exhibit for training, reinforce abilities and prepare MFRs to understand human impact of disasters		
9.15	<ul style="list-style-type: none"> • P. Ingrassia - Università Piemonte Orientale Medicina di Emergenza e dei Disastri (I) 		
10.00	Coffee break		
10.30	<ul style="list-style-type: none"> • S. Badiali - Maxiemergenze AUSL di Bologna (I) 		
11.10	<ul style="list-style-type: none"> • A.Richman / M.Butler - Shield Group (IL) 		
12.00	Rapporteurs to plenary / Open debate First conclusions by speakers		
13.00	Closing workshop: identify needs for future R&D		
13.30	Lunch time		

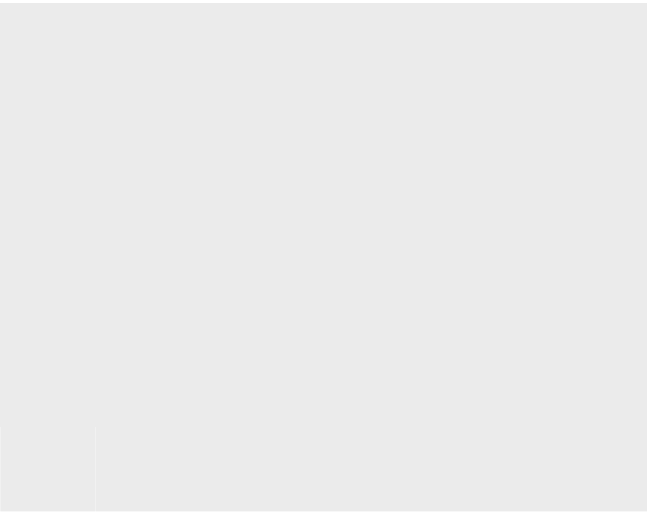
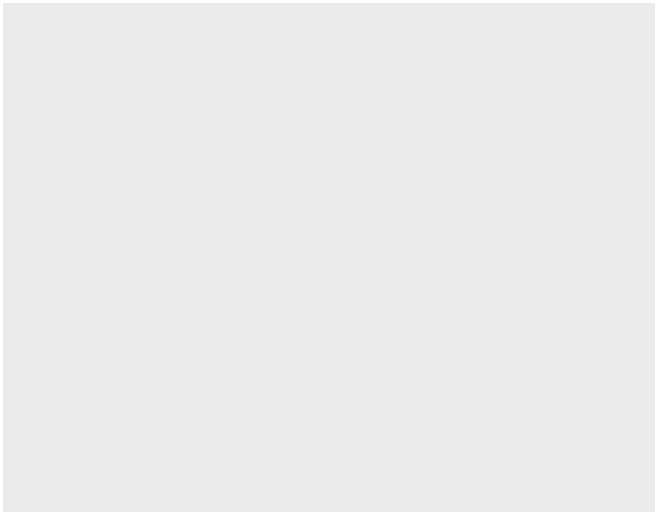
Training methodology and technology used to train medical first responders for disasters

	Visit to UNICRI at United Nations Turin Campus Welcoming by F. Cappè Chairman: A. Contaretti		
15.00	- Introduction to the Security Governance/ Counter Terrorism Laboratory		
15.15	- Major Events Security: a case study - IPO Security Planning Model		
15.30	Coffee break		
	-EU-SEC I/II Research coordination methodology among EU Member States		

12.11.2008

9.00	Chairman: F. Della Corte - Università Piemonte Orientale (I)		
	They debate on:		
	<ul style="list-style-type: none"> - The relationship between methodologies and goals in the training planning - Role of training in the MFRs psycho-social support - Training for medical first responders 		
9.30	<ul style="list-style-type: none"> • J. Gimenez - Samur P.C Madrid (E) 		
9.50	<ul style="list-style-type: none"> • W. Gruitjers - Ambulance Zorg Netherland (NL) 		
10.10	<ul style="list-style-type: none"> • U. Shacham - Magen David Adom (IL) 		
10.30	Coffee break		
11.00	<ul style="list-style-type: none"> • A. Richman / M. Butler - Shield Group (IL) 		
11.30	<ul style="list-style-type: none"> • D. Vaitkaitis - Kaunas University of medicine (LT) 		
12.00	<ul style="list-style-type: none"> • F. Sbatella / M. Molteni - Università Cattolica del S. Cuore Milano (I) 		
12.30	Question time		
13.00	Lunch time & running coffee break		

	Round table & conclusions:		
14.00	Roadmap for future research activities in training medical first responders area		
16.00	Closing workshop: identify needs for future R&D		



19.00	Sightseeing Dinner
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16.15	-Training Innovation
16.30	-Networking and Exchange of information
20.00	Gala Dinner



DECLARATION OF WORKSHOP'S AIMS

Good morning all of you and welcome.

I'm pleased to welcome you in Turin at the workshops we have organised within the NMFRDisaster project.

I welcome the partners we share this project with, the guests and the experts. We have invited you to have a confrontation with us and to enrich the framework of knowledge about human reactions to disasters and MFRs training.

I also give you in advance the welcome of the United Nations – United Nations Interregional Crime and Justice Research Institute – we will meet tomorrow in their campus here in Turin.

We decided to organise this visit to confront ourselves not only with the institutional and government training for big events, as the Olympic Games, but also with the methods of research and exchange of information useful for prevention.

Sinergie have conceived these 3 days as an alternation of both moments of relation, speeches during the plenary session, and group activities, focusing, by using the experience, on what the review of literature has underlined. We have decided to show you videos and images because this kind of communication has a suggestive force on human experience and training.

In this respect, I would like to thank all the people who gave them to us.

The photos you will see, provided by Maria Carmen Castillo and Daniel Gonzales, have also been awarded the prize Emilio Moreno Millan as the best photograph.

Considering the big steps made in the field of emergency and simulations having an educational purpose, some systems of training will be presented in a dynamic and interactive way.

It will give us the opportunity of discussing about it, relating to the two issues we face in these workshops and to the experience we get about the need of being supported and trained to face both events having a great human impact, and daily circumstances linked to the work organisation.



Therefore the preparation of this workshop has focused on some questions and issues:

- **What MFR and the agency they work for can do**

- **What others can do for MFR**

- **What contents and role for training**

Everything is in view of the common elaboration of proposals to submit to the European Commission in order to get more specific actions, studies in-depth, and a closer and more efficient link between the world of research and that one of emergency.

Dear Colleagues, in the future days and months for some of us we will have an interesting work to do, by taking care of this goals and using a practical approach to make progress together.

So, have a good job!



ISSUE PAPER FOR PARALLEL WORKGROUPS

This issue paper has a double purpose.

The first one is to **focus more on some topics** that the survey on existing research (background paper) has found to be central.

The second one is to determine **future directions** that should be followed both when doing research and when working on new solutions or on current practices considered missing or inadequate. In the case of organizations or studies that have progressed a lot, it will be convenient to point out their fundamental characteristics and how much these can be transferred to other contexts and organizations.

These two points will be addressed during the workshop activities, which will be held in Turin on 10th/12th November as a part of the NMFRDisaster project on human impact and training. There'll be the opportunity of an exchange of ideas between experts and practitioners during workgroups and plenary sessions and also a confrontation with other projects on security issues.

This paper, therefore, is organized according to a series of questions that will guide workgroup activity on 10th November 2008.

Workgroups are essentially made of two kinds of speakers: training and psychological support specialists (Experts), first responders (MFR). It is therefore necessary that the workgroup manager ask each question to who can better address it.

So the objective isn't getting all participants' answer for each single question, but having direct dialogues aimed at determining as best as possible what experiences are useful to complete the picture offered by the background paper.

It depends on the workgroup coordinator's personal experience the decision of making some introduction examples or others before every question, and the different modalities used for helping the dialogue.



It is important to take into consideration the following factors:

- The available hours are: 2
 - You should control the discussion in order to make possible the participants having theoretical knowledge can “intimidate” those who have a more practical knowledge (e.g. using a language for specialists)
 - You should support those factors coming from experience instead of extemporaneous conjectures
 - Let the participants freely express their constructive criticism even if addressed to their organisation.
- 1) MFRs have a quite defined profile, according to US psychologists. They have a “Mission First” perspective, a “Band of Brothers mentality”, an “insider-outsider mentality”. Their attitude is “Don’t get hurt, don’t feel and don’t get off the line.” In many of the services the major barrier to seeking care for mental health issues is the stigma associated with mental health problems.
- Do you recognize yourself in such a profile?
 - Is the insider-outsider mentality really so strong or are there people outside the group in whom rescuers trust (in the US the Chaplains appear to be very trustworthy)?
 - Is your organization marked by stigma associated with mental health problems?
- 2) Some practical strategies can be incorporated into the daily routine of managers and workers in order to prevent and manage stress. Workers must get a solid understanding of their roles and responsibilities, think about their own self-care (recognize and pay attention to early warning signs of stress reactions) and seek help when they need it.
- How difficult is it for you/MFRs to become aware of the fact you/they are exceeding your/their limits? Is this difficulty the reason why the buddy system, getting co-workers to agree to keep an eye on each other's stress reactions, appears to be so important?
 - Is a clear definition of individual roles the norm while operating in emergencies?
 - Are there exit interviews and/or seminars to help workers put their experiences in perspective and is stigma-free counselling usually offered to rescuers in your organisation?
 - Do MFRs feel their agency would respond constructively if they revealed signs of stress or other difficulties?



- A first research shows sense of humour is quite common among rescuers, and has different beneficial effects on their job and well-being. Are there other confirmations?
- 3) Research suggests that individual factors appear to be preeminent in determining the response to a disaster, but that also the nature and scale of a disaster are important. Among individual factors, gender and pre-existing psychopathology are strong predictors of possible postdisaster psychiatric problems, together with the occurrence of other adverse life events.
- Talking about nature and scale of a disaster, is it true that “Bigger is worse than smaller. Human-caused tragedies are worse than natural ones, and terrorism is worse than engineering failures”?
 - “Women exhibit twice the prevalence of PTSD, other anxiety disorders, and major depression as men”. Do researchers in workshop somehow confirm this statement?
 - The above mentioned factors influence the general public’s response to a disaster. Do MFRs feel they are able to cope better with any of these factors, especially with the individual ones?
- 4) Mass media can be a useful resource as much as a big problem. E.g. responders from Katrina indicated they needed more training in how to deal with the mass media. FEMA offers rescuers a training course dedicated to crisis communication and relationship with media during a crisis. In 2003 a national Media Emergency Forum (MEF) and regional ones were established in the UK, with the objective of developing trust and confidence between the media, government and FRs.
- Do initiatives that resemble the MEF one exist elsewhere/in your organisation?
 - Do MFRs in workshops consider relationship with media to be a problem?
- 5) Recruitment and selection of personnel are crucial processes for an organization. Based on the results of careful screening/assessments, the agency has to suitably match workers to specific assignments. Agencies should have clear written policies regulating all matters, from practices to ensure staff well-being, to issues such as work hours, communication with loved ones at home, communication and information sharing, etc.
- How much attention do recruitment and selection of rescuers usually have?



- Do MFRs feel they are too easily assigned tasks not suitable for them?
 - Do MFRs think an unclear agency policy could really jeopardize their well-being and have negative consequences on their work? Are there any recurrent complaints?
- 6) Talking about the psycho-social support responsibility of the international agencies in case of disasters in human rights dimensions as in the Operational Guidelines and Field Manual on Human Rights Protection in Situations of Natural Disaster by IASC:
- Is it important that all MFRs receive some training and education on psychological issues?
 - What are the competencies in psychological issues needed by MFRs ?
 - How much is important to involve in rescue operations emergency psychologists for MFRs support in their tasks?
- 7) Ties between rescuers are very important (band of brothers mentality, buddy system), at least in the case of US rescuers reported in the background paper. That's why support among colleagues appears to be vital, and this also explains the success of peer support programs. The International Association of Chiefs of Police has even ratified Peer Support Guidelines (2006).
- Are MFRs familiar with peer support programs?
 - Do MFRs consider colleague support as a vital resource? Are there examples of situations where there's a major tendency towards exclusively individual work and stress coping?
 - Small peer group debriefings would seem easier to tolerate and less shameful than individual ones?
- 8) Rescuers from different organizations/countries have set up on line networks (Aid Workers Network, Soccorritori.it, S.O.S. 112, Les forums de discussion de Secourisme.info). Some workers also keep a blog.
- Are MFRs in the workshop familiar with these sorts of rescuer communities?
 - If yes, do they find them beneficial? Do they feel like trusting people they don't know but that have similar jobs? Could these on line networks somehow work as a form of peer support?
 - Do MFRs in the workshop keep a blog/read other rescuers' blogs? Do they think writing about their experiences useful?
- 9) Training is an important way, even though it's not the only resource available, of ensuring that intervention is conducted efficiently and



promptly, and that workers intervening can work in the best possible conditions.

- What role does training have in your organization? How does training enable you to better perform your duties and how does it provide you with up to date skills, in order for you to cope with new technologies, threats and needs? How and how frequently are refresh courses organized?
- Are information technologies (simulation, e-learning, etc.) useful for learning? Are interactions and exchanges, extremely frequent among first rescue organizations during an emergency, adequately reproduced and facilitated when using training based ICTs?
- On field exercises offer something different? What?
- Please write down the 5 most important things that you think should be improved in the training for disasters

10) In some organisations is established a certified program to train company officers: this includes training cycles and refresher courses. The certification expires months/years from the date of completion, and re-certification is provided by the organisation prior to the certification's expiration. In some organisation full duty members are scheduled for training sessions on their off-duty tours and receive overtime compensation.

- Do you have a such offer in your organisation?
- If yes, do you think this kind of organization of training courses somehow affect workers negatively?
- Do you resent of a work overload in case your training is provided in your free time? If yes, do you have suggestions.



UNDERSTANDING THE HUMAN IMPACT OF DISASTERS ON MFRS --FIRST CONCLUSIONS

The dialogue during the WGs has been very rich from every point of view.

Some aspects of the experience demonstrate that it is necessary to go beyond some visions offered by the literature or by perfect model, because we have to focus on the *man in action*.

By looking at this *man in action*, we can also understand the real needs and the direction to follow in order to achieve the goal of future research and studies.

When we speak about human needs, we have to consider them in a global way, not only accepting an aid from the different disciplines which can contribute to better know reality, but also paying attention to not to take the risk of detaching from reality.

We could summarise some key points following what emerged during the workgroups and the speeches.

For what concerns the **MFR's profile**, we can affirm different statements. Some of them linked to the reason of the choice, others to the culture and the country the person belongs to.

Another important point is how the FR is seen from the outside and how he sees himself (mission first perspective). On this topic, the theoretical and empathised vision given sometimes by the media which have exaggerated the FR's role and task.

An aspect of superhero is created, which is not human and difficult to support in human life.

Another interesting link exists between **life experience and professional experience**, in the ability of facing some situations difficult to overcome because of the human impact aspect. It is necessary to pinpoint our attention on this topic.

Another important aspect is **the reason MFR act for**, which is personal and influenced by what one believes in. Because, if what one believes in shapes life, it will be the look one will have towards everything.



It has some implications on how the danger is perceived, on the existing link between the ability of looking at disasters and not understandable situations.

Community. Often the resources for coping and overcome a difficult circumstance lie in the ability of being a support for each other and in friendship. This is the case of a colleague, family, etc.

We have heard many examples. First of all, peer support. It means that the other person, the colleague, the friend, the brother understands me because he shares the same reality with me, but it's the same for the silent love of family as a human hug.

This dynamic gives back to everyone his/her personal role: for example, we know that sometimes after a maxi emergency people don't want to have a debriefing. They would simply like to go home and have a shower. This element gives us a more appropriate framework of human and psychosocial support which can be available.

We could also conceive different forms of aid, if and wherever necessary.

In conclusion and linked to the next topic we'll have, training is strictly related to **strategies for coping**.

It is evident that training is asked to respect reality, such as helping to give bad news, clarifying the roles and the tasks of the different organisations intervening in the scene or better understanding themselves and their colleagues. But an efficient training must be targeted and seen on the base of the MFRs experience.

The question in this sense is very clear.

Conceiving experiences and verifying their efficacy must take into consideration the differences, linked to culture, gender, mistakes or difficulties and respect standards.



CONCLUSIONS & FUTURE RESEARCHES

The human impact of disasters and suffering was discussed over the course of the two NMFRDisaster Project workshops, starting from the background paper and guided by the two issues of human reaction and medical first responder (MFR) training.

The survey results highlighted several key points that were the focus of the Assembly's and WGs' activities. These discussions then allowed us to reach conclusions and to hear out the participants' suggestions on the directions research should take to provide more cogent data that is adaptable to actual emergency settings.

In fact, the current state of social research was found to be still quite distant from the actual rescue context, as it has yet to demonstrate the "permeability" and concrete benefits of its own results.

Moreover, the world of rescue work generally opts for practical approaches based on knowledge gained in the field, rather than for methods yielded by academic research: this tendency results in a knowledge-practice and communication gap between these two separate "worlds" and in a certain degree of suspicion towards any affirmation that does not appear to be sufficiently substantiated by common experience.

A typical example is that of the gender difference observed in various studies conducted by C. North—and discussed during the WG activities - who found that "Women exhibit twice the prevalence of PTSD, other anxiety disorders, and major depression as men". This statement was received and commented upon as a tendency for women to more openly manifest their distress and, in any event, to express their feelings and to recount their experiences in greater detail than men generally do. The phenomenon, however, is frequently observed in research and should be considered as such; because it can influence rescuers' coping capacities to the same extent it can impact those of female disaster victims.

Conversely, the world of academic research should start providing precise answers for specific needs.



Unfortunately, as in all human endeavours, training progress and changes occur step by step.

One cannot realistically expect, for example, that a given training course of a given duration will instil perfect trainee skills for field intervention without error or the burden of external factors.

Indications for future research therefore lie at the crossroads of the study of human reaction and MFR training.

Human impact

Multiperspective research

Of all the currently available research systems, multiperspective--and therefore multidisciplinary research-- has been found to be the most appropriate system for investigating MFRs' needs and for identifying and proposing effective response strategies. Perspectives that should always be examined are: personal and professional profile; social, cultural, and family context; gender; and the traditions and values of the organisation to which an MFR belongs.

Psychosocial support services

A key research field for determining an organisations' social responsibility and response capacity to MFR needs is one examining MFR psychosocial support services--in terms of which services are available, how they are viewed, how workers who use them are viewed by their colleagues, the ways in which these services are organised, which best practices can be adopted as a model, etc....

Pedagogical efficacy

Data are currently lacking, as are the systematic evaluation of the pedagogical efficacy of the different instruments currently used in MFR training (e.g., simulations,



table top and full scale exercises), and adequate assessment instruments for evaluating the efficacy of training for single participants and their capabilities. Further research in this field is therefore required, and instruments that can be easily used by rescuer trainers to modify training programmes and contents based on information obtained in such a way, must be developed.

Well-being research

There is also a dearth of reliable and comparative data on the long-term consequences of disasters on rescuers and on their organisations. In fact, several studies examining single disaster events in relation to rescuers' health consequences have been conducted, but general, category-aggregated reference data (which could more clearly illustrate the phenomenon and its dimensions) are virtually unavailable.

Assessment and recruitment systems.

Emergency intervention organisations generally have different policies and views on personnel selection procedures for missions or various services. Experience has shown however, the need to carefully evaluate the potential for criticality when deploying rescuers who are not in the best personal condition to support the emotional and psychological burden of a given assignment. A study of practices currently adopted, and their consequences within the various organisations, could provide helpful indications for giving due consideration to the, even temporary (e.g., recent bereavement, marital separation) personal aspects that can significantly influence a rescue worker's coping and resilience capacities. A study of this type could also provide useful information on ways to develop alternative strategies for dealing with situations in which a rescuer's inability for deployment is eventually determined—but indeed, only by avoiding the impression of being punitive or overly restrictive in his/her regard



Training methodology and technology

Training efficacy.

MFR training was found to be highly diversified, in terms of duration, methods, contents, degrees, progression, etc. Hence, there is a need to adapt training to the tasks and responsibilities that rescuers must take on, and to consistently apply effective pedagogical systems and reference standards in this process.

Shared training

Although the importance of team-coordinated emergency intervention was acknowledged, it was found that: few shared training occasions and programmes among the different bodies are held; the other forces' assignments are frequently not sufficiently clear; and that cooperation prevalently takes place by chain of command--rarely as a combined operation. This shortfall directly influences the efficacy of intervention and weakens collective competence of any organisation or group of organisations. Training plans should therefore multiply opportunities for shared training.

Awareness

To make rescuers aware of the "burdens" and therefore, the psychosocial risks they will most probably be undergoing, training must develop courses to help rescuers recognise signs in themselves and their colleagues that indicate a need to seek psychological support. Bearing in mind the highly prevalent "superhero" model among first responders, this approach should make up an integral part of each emergency intervention organisation's culture of promoting rescuers' growth and well-being.



LIST OF PARTICIPANTS

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