

AFFILIATION, CURRICULUM VITAE SPEAKERS, AND PRESENTATION DESCRIPTION CONGRES EMRIC+ 29th NOVEMBER 2013

Symposium I:

Grenzüberschreitende Infektionskrankheiten und Gefahren für die Umwelt: Herausforderungen und Lösungen

Prof. Dr. Christian Hoebe, GGD Zuid Limburg (NL)

Dr. Karl-Heinz Feldhoff - Kreisgesundheitsamt Heinsberg (D)

Dr. Martin Schweiger - Public Health England (UK)

Dr. Fred Woudenberg - GG&GD Amsterdam (NL)

Drs. Cindy Gielkens and Drs. Henriëtte ter Waarbeek - GGD Zuid Limburg (NL)

Dr. Chakib Kara-Zaïtri - University of Bradford and inFact (UK)

Prof. Dr. Paul Savelkoul (Chair) – Medisch Universitair Centrum Maastricht (NL)

Prof. Dr. Alex Friedrich - Medisch Universitair Centrum Groningen (NL)

Dr. Paolo Guglielmetti - European Commission, Health Threats Unit – SANCO

Prof. Koen de Schrijver – Universiteit Antwerpen (B)

Dr. Aura Timen - RIVM/Centrum voor Infectieziektebestrijding (NL)

Prof. Dr. Christian J.P.A. Hoebe, Public Health Service South Limburg (NL), Chair

Christiaan Hoebe (MD, PhD, SPH) is professor of Infectious Disease Control at Maastricht University, the Netherlands. He is consultant in Communicable Disease Control, and specialist in Public Health, Travel Medicine and Epidemiology. His research areas of expertise are Infectious Disease Control and Sexually Transmitted Infections Control with special interests in innovation in diagnostics and control strategies. He is head of Department of Sexual Health, Infectious Diseases and Environmental Health at the Public Health Service South Limburg (PHS) and professor at the Medical Microbiology Department of Maastricht University Medical Centre (MUMC). His research is carried out in collaboration with Maastricht University School for Public Health and Primary Care (CAPHRI) where he is programme leader for Infectious Disease Control and antibiotic resistance in primary care. He is also head of Infectious Disease Control and Public Health theme in the Academic Collaboration Centre of MUMC and PHS. He is the project leader of several large-scale public health studies and published over 90 peer reviewed papers.



Prof. Dr. Paul H.M. Savelkoul, Maastricht University Medical Centre (NL), Chair

Paul Savelkoul is head of the department medical microbiology of the Maastricht University Medical Centre, Maastricht. He is appointed as a Professor of Medical Microbiology at the Maastricht University Medical Centre and at the VU University Medical Centre, Amsterdam. He studied Medical Biology at the university of Utrecht and earned his PhD on adhesion factors of Bordetella in 1992 at the veterinary faculty, University of Utrecht.

His research expertise is focused on molecular diagnostics, detection and typing of pathogenic microbial species and molecular epidemiology. He has also been highly active in identifying risk factors contributing to pathogenic infections and in identifying and characterizing antibiotic-resistant bacterial strains, which are a serious concern for hospitals worldwide.

He belongs to several professional societies, including chairman of the European Study Group on Molecular Diagnostics (ESGMD) www.escmid.org and chairman of the Dutch Microbial typing section (KNVM) www.microtyping.nl

He has published more than 120 peer reviewed papers, 7 book chapters and filed a number of patents. In addition, he is one of the founders of the medical molecular microbiologist education program, organiser of several postgraduate courses and currently a tutor for the medical molecular microbiologist specialisation.



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Dr. Karl-Heinz Feldhoff – Public Health Authority Heinsberg (D)**The title of the presentation**

Possibilities and future of euregional networks and cross-border cooperation in public health – with a focus on infectious disease control and environmental health issues

Affiliation

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Curriculum vitae

Karl-Heinz Feldhoff studied Medicine at Münster University in Westfalen, Germany. He is Assistant-Professor at the University Klinikum Aachen (RWTH). Since 1979, he has been a specialist for Public Health, Social Medicine and Environmental Medicine at Kreis Heinsberg. He was appointed as leader of the public health office in Kreis Heinsberg in 1993. Additionally, he is a member of the Landesgesundheitskonferenz North Rhine Westphalia, member of the advisory board of epidemiological cancer registration NRW, member of the advisory board for health reporting of NRW, speaker of the strategic group health affairs of the Euregio- Meuse-Rhine, Chair of the Stichting euPrevent in Maastricht, member in the Zweckverband Aachen – group health and group health economy and other activities relating to cross-border cooperation.

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Dr. Martin Schweiger - Public Health England (UK)

The title of the presentation

Preparing and supporting health protection at the front line: The London Olympics and Paralympics Challenge in 2012

Affiliation

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Curriculum vitae

Martin Schweiger (MD, PhD) is Consultant in Communicable Disease Control and he is the Professional Standards national Lead for HPZone - a web based decision support and management system for health protection, at Public Health England. After his medical doctor degree, he worked in Public Health in Bangladesh for six years. He trained in Community Medicine and was appointed as a public health consultant in 1985 in Leeds, North England. Since then, he worked as a Consultant in Communicable Disease Control at the Health Protection Agency (HPA), which is now known as Public Health England. He has worked closely with local government, health services and community organisations, both locally and nationally and has contributed to several areas of real health gain. He has just been appointed as the President of the Medico-Legal Society in Leeds.

Presentation description

The Health Protection Agency accepted responsibility for providing a health protection service focused on the needs of the Olympics to cover athletes, support staff, visitors to the games and the public. 14,000 athletes from 204 countries, 21,000 members of the media and 800,000 spectators visited numerous sites across England for several weeks preceding the games as well during the formal Olympics and Paralympic events. A dedicated HPA team was set up to research and plan for the event. It was recognized that a real time surveillance tool was required to inform the HPA Olympics team.

Since 2010 HPZone has been used by all Health Protection Teams in England. HPZone is a support system providing health protection practitioners with information, reference data, a documentation system and a source of appropriate action prompts for action. An important principle was using a system with which the teams were familiar to help them cope with the potential additional pressures that would arise in the event of serious communicable disease incidents during the Olympics or Paralympics. Aware there would be synergies in developing HPZone to cover the Olympics work meetings were held between the HPA Olympics and the HPZone Team. Essential and desirable functionality was described, reviewed, specified and delivered. A pre-Olympic Exercise called Apollo allowed some fine tuning. Special attention was paid to defining relevant contexts.

The basic functional surveillance requirements of the Olympics team could be delivered in a system that already existed and could be improved with minor changes. The pre-Games Exercise Apollo lead to valuable learning for all parties concerned. The combination of the HPZone Dashboard with automated e-mailing to the Olympics team to draw attention to relevant entries proved an effective combination.

A combination of locally used HPZones and nationally monitored Dashboard provided real time information for those responsible for managing the health protection aspects of the Olympics.

Developments delivered for the Olympics have longer term benefits so there is a real Olympics legacy for those working in frontline health protection. HPZone enabled all frontline staff to play an important role in ensuring a safe environment for the Olympics to proceed.

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Dr. Fred Woudenberg - GG&GD Amsterdam (NL)

The title of the presentation

Does risk communication always fail?

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A short curriculum vitae

Fred Woudenberg was trained as a psychologist. After defending his thesis in psychopharmacology in 1989, he started his career in environmental health at the Municipal Health Service of Rotterdam. There he worked on risk perception and risk communication. His focus was and still is on the practical application of insights from risk perception and communication in fields such as soil sanitation, disaster communication, air quality and electromagnetic fields. He has written several manuals and other publications, he gives lectures and had taught many practitioners in the field of risk communication.

In 1995 he became head of the department of environmental health in Rotterdam. In 2005, he switched to the municipal health service of Amsterdam where he still works.

He is also active in several fields of environmental health, including disaster response since the beginning of his career. He was an adviser on hazardous substances for many years. At present he is a so called public health director (directeur publieke gezondheid), advising the mayor during large incidents in the region of Amsterdam.

He is a member of the Dutch Health Council, chairman of several committees of the Dutch Health Council, member of the Netherlands Commission for Environmental Assessment, vice chair of the programme committee and chair of the supervisory committee of the Dutch ZonMw research programme on electromagnetic fields and health, member and chairman of the communication forum of the Dutch Knowledge Platform on Electromagnetic Fields and Health, editor of the Dutch journal LUCHT and chief editor of the Dutch journal GELUID.

Presentation description

In a crisis there are many demands on the communication at the same time. Communication to the public is preferably:

- Correct
- Complete
- Timely

It is impossible to comply with all these wishes at the same time. It is inevitable to make concessions to at least one of them and often to all three.

In the beginning of an incident a lot of information is still lacking and uncorroborated. The demand to obtain information is immensely high. Bystanders and media start to communicate almost immediately by word and image. As a result, official channels lag behind from the beginning. The only way to solve this is to join the communication from the beginning. Being timely is essential in the contemporary times of Twitter, Youtube, etc. As a consequence it is inevitable to communicate at a time when a lot of the information is not checked and not complete.

The solution to communicating information that is incomplete is simple: tell what you know and what you don't know and indicate when you will come with more complete information.

Dealing with information that is not checked is more difficult. It is clearly impossible to make up something or to tell lies. The correct solution is to communicate about the inevitable uncertainties. The first estimations of the number of victims in a large incident for instance is almost always wrong. Often it is not even known if there are casualties. But there are a lot of speculations, sometimes including those of police, fire brigade and the medical department. The solution is not to give speculations and only to tell what is known for sure, even if the pressure to tell more mounts up.

Official spokespersons feel the pressure to come up with (uncorroborated) information the most and they often have a strong wish to return to normal and to reassure the public. This is often seen in incidents with releases of chemicals. Mayors are tempted to end all fears and uncertainties by saying that 'there is absolutely no cause for alarm'. But instead of calming the public, people get more upset because they think the government is covering up the situation. It is better to say that "there is cause for concern".

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Drs. Cindy Gielkens - GGD Zuid Limburg (NL)

The title of the presentation

Cross-border cooperation on infectious disease control and environmental health: EMRIC+ project results

Affiliation:

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A short curriculum vitae

Cindy Gielkens is Environmental Health Advisor and has been working in the field of environmental health at the South Limburg Public Health Service since 2000. Since 2011, she is also working as a public health advisor Hazmat in the acute phase of incidents where hazardous materials are involved. Currently, she is the leader of the cross-border project EMRIC+/CBRN white, collaborating with Belgium and German cross-border professionals.

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Drs. Henriëtte ter Waarbeek - GGD Zuid Limburg (NL)**The title of the presentation**

Cross-border cooperation on infectious disease control and environmental health: EMRIC+ project results

Affiliation:

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Curriculum vitae

Henriëtte ter Waarbeek (MD) has been a communicable diseases' physician at the South Limburg Public Health Service since 2003, where she is the head of Infectious Disease Control and Tuberculosis control Unit. Currently, she is the leader of infectious Disease Control strand of the cross-border project EMRIC+ in collaboration with Belgian and German public health colleagues. She is also an academic member of the Department of Medical Microbiology, School for Public Health and Primary Care (CAPHRI) at Maastricht University Medical Center in the Netherlands.

Presentation description

The frequent occurrence of crossborder outbreaks and pandemics has long demonstrated the need for improved crossborder collaboration and harmonisation of systems enabling rapid transnational detection and response. As part of the EMRIC+ project (Euregion Maas Rhine Intervention during Crises), the euregional Public Health Services joined forces by establishing a network of professionals focusing on the challenges and solutions in crossborder infection control.

The collaborative work was realized through six project outcomes.

First, a Euregional Website has been developed, containing professionals' contact details, project information and results, newsletters and presentations.

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Dr. Chakib Kara-Zaïtri - University of Bradford and inFact (UK)

Title of presentation

Risk Informed Decision Support in Public Health

Affiliation

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Curriculum vitae

Chakib Kara-Zaitri is senior Lecturer in Risk and Reliability at the University of Bradford. Over the last fourteen years, he has developed a special interest in the design of smart decision support systems in Public Health, more particularly in infectious disease control, travel health and vaccination, tuberculosis management, epidemiological and syndromic surveillance, and sexual health. His interests are around the design of innovative methodologies for bringing together the right blend of real-time information to public health professionals to support them make risk-informed decisions in a timely manner. Blended information would include tabular, statistical, GIS, network, and time-line data views. His work is culminating towards embedding risk-informed decisions into smart public health intelligence systems. He holds a Bachelor of Engineering Degree in Electrical and Electronic Engineering, and a Doctor of Philosophy Degree in Probabilistic Risk Assessment from the University of Bradford in the UK. He is a Senior Lecturer in Risk and Reliability at the Faculty of Engineering and Informatics at the University of Bradford, UK where he specialises in the development of innovative hardware and software systems in Risk and Reliability. He has enjoyed a close working relationship with many product and service industries throughout his academic life and has 28 years lecturing and research experience.

Presentation description

Background:

Public health incidents are becoming more prevalent and are continuously challenging public health professionals. Influencing factors include growth in international travel and trade, emergence of new international disease risks, and threats posed by animals, chemicals, toxins and radiation. Such factors bring to focus the integrated all-hazards approach recommended by the International Health Regulations. However, health professionals continue to struggle with risk assessment. This is mainly due to the intrinsic difficulty to define risk criteria, which is often complex and multidisciplinary (medical, social, political and cultural dimensions), and to measure risk criteria due lack of appropriate data. In contrast with this, several generic risk assessment standards have long been used in the defence and aerospace industry and can readily be adapted in public health. This paper addresses the development of an integrated risk informed decision support framework in public health.

Methods:

The methodologies adopted for the development of the risk informed decision support framework are based on comprehensive literature reviews, in-depth interviews, and Delphi sessions with public health consultants. The framework developed integrates clinical and public health requirements for detection, surveillance, management and response. The framework is based on a quasi-probabilistic method integrating operational experience, deterministic and probabilistic evidence, and consideration of uncertainties in the set of circumstances of a given incident as it evolves in time.

Results:

An example generic and specific risk assessment model for Infectious Diseases and TB respectively have been developed. The models consist of independent risk attributes. They cover the Significance of the incident, the Confirmation of diagnosis, Spread, Contextual setting, Management, and Treatment. Each attribute is assessed over time and graded using four quasi-probabilistic ratings defined by consensus in extensive Delphi sessions.

Conclusions:

Results from initial trial simulations and subsequently in practice in England, Scotland, Northern Ireland and Netherlands of the infectious disease model have confirmed the validity of the framework. This brings transparency, flexibility, availability of multiple decision criteria, and support for scenario evaluation. The framework allows decisions to be reviewed and, if appropriate, reconsidered to reach balanced and consistent decisions. Additional benefits include defensible decision-making, implementation of appropriate and timely control measures, more effective operational communication, more effective risk communication and improved preparedness.

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Prof. Dr. Alex Friedrich - Medisch Universitair Centrum Groningen (NL)

The title of the presentation

Infection Prevention in a connected world: Time for regional control

Affiliation

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Curriculum vitae

Alex W. Friedrich is Professor and Chair of Medical Microbiology and Infection Prevention and Head of Department at the University Hospital in Groningen. He did his specialist training at the University of Würzburg and Münster between 1998 to 2004. His research focus lies in the genomic research for infection prevention of healthcare-associated infections due to antimicrobial resistant microorganisms. He constantly points out the need of close multidisciplinary co-operation between human and veterinary medicine as well as academic and public health institutions. His research activities comprise basic and clinical-microbiological research in the field of zoonotic and food-borne infections, as infections due to Shiga Toxin-producing E. coli and applied research in the field of (next-gen) molecular epi- and pathotyping strategies in order to combat effectively micro-organisms that are cause of hospital acquired infections (e.g. MRSA, see www.SeqNet.org). He stresses that all this knowledge must lead to direct added value for patients. Therefore, modern diagnostics and molecular typing are for him a tool for improved surveillance, infectious disease epidemiology and "next-generation" infection control. This needs to take into consideration modern network-analysis of patient transfer, leading to regional approaches of infection control in a connected world.

He coordinates large Dutch-German crossborder networks since 2005 (www.mrsa-net.org and www.eursafety.eu) where the prevention of infections due to antimicrobial microorganisms is fostered by close crossborder cooperation comprising more about 120 acute care hospitals, 350 nursing homes and 36 public health offices alongside the Dutch-German border.

Presentation description

Results from microbiological and epidemiological investigations, as well as mathematical modelling show that the transmission dynamics of nosocomial pathogens, especially of multiple drug-resistant bacteria (MDRO), such as MRSA, Klebsiella pneumonia ESBL), is not cannot be influenced by one single-hospital infection prevention measures. A broad spectrum of measures need to be implemented in order to avoid transmission. Yet, although some hospitals implement correctly the bundle of infection control measures, they fail to reduce the prevalence of MDRO, because they continuously admit patients with MDRO. In consequence these hospitals think that they have to solution to the problem and discuss stopping with the cumbersome infection control measures. Here, it is crucial to understand that the extent of spread depends on the structure of the underlying "healthcare network", as determined by inter-institutional referrals of patients. The current trend towards centralized or specialized healthcare systems favours the spread of hospital-associated pathogens, and must be addressed by coordinated regional or national approaches to infection prevention in order to maintain patient safety. Here, recent advances that support this hypothesis, and propose a "next-generation" network-approach to hospital infection prevention and control is presented.

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Dr. Paolo Guglielmetti - European Commission, Health Threats Unit – SANCO

The title of the presentation

Serious Cross Border Threats to Health: from Assessment to Coordination of Response in the European Union

Affiliation

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Curriculum vitae

Mr Paolo Guglielmetti (MD, PhD, DTM) works as Administrator in the 'Health Threats Unit' of the 'Health and Consumer' Directorate General of the European Commission. He arrived in the European Commission in 2002 after a more than 15 years career spent in the field of communicable diseases and assessment and management of complex emergencies at international level. In the 'Health Threats Unit' Mr Guglielmetti leads the Team responsible for the early warning and response co-ordination of serious cross-border threats to health.

Presentation description

Since 1998 a well-established policy and legal framework to address communicable diseases has been in place. It sets out legal requirements for the surveillance of communicable diseases, the notification of acute events and outbreaks with an impact at EU level through a secure Early Warning and Response System and the exchange of information on public health measures taken to control such outbreaks. Therefore the EU Member States are currently under the obligation to notify outbreaks of communicable diseases and to share in real time with all Member States and the Commission the health measures planned or undertaken to respond to such events. This with the view to allow a coordinated response at EU level with the European Centre for Disease Prevention and Control providing the assessment of the situation, including its impact on the EU.

The aim of the new Decision on Serious Cross-Border Threats to Health is to streamline and strengthen health security capacities and structures in order to protect more effectively the citizens of the Union against serious threats that can affect public health¹. Provision of the new measure are extended through an all threats approach to biological, chemical, environmental and unknown threats, largely taking advantage of the lessons learned by the successful experience on communicable diseases, and considering the new changes in the international context, such as the adoption of the new International Health Regulations (2005)².

The new legal framework will cover the EU-level coordination of preparedness and response planning, including the procurement of medical countermeasures, monitoring and assessment of the risks to public health arising from these potential threats and management and communication of the identified risks and health-related crises.

¹ http://ec.europa.eu/health/preparedness_response/policy/hsi/adoption_ep_en.htm

² <http://www.who.int/ihr/9789241596664/en/>

The initiative will also be instrumental in strengthening chemical and biological security in the EU as set out in the EU CBRN action plan and in stepping up cooperation with the Monitoring and Information Centre mechanism in preparedness for and response to major civil emergency situation, including large epidemics and disasters.

In these context the role of the EU Health Security Committee, set up by the EU health ministers in 2001 in the aftermath of the terrorist attacks, will be formalised. The new Decision will be implemented taking stock of the EU existing mechanism in place and, when necessary, creating the appropriate mechanism in particular to operate cross sector coordination with other Commission services and EU agencies and bodies.

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Prof. Koen de Schrijver – Universiteit Antwerpen (B)

The title of the presentation

Collaboration between Belgium and the Netherlands in control of infectious diseases in crossing border outbreaks
Usefulness of infectious disease control guidelines in Flanders. From Bovenkarspel to Kapellen.

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Curriculum vitae

Koen de Schrijver (MD, PhD) is professor of Infectious Disease Epidemiology at the Department of Social Medicine and Epidemiology at the University of Antwerp, Belgium. He obtained his PhD entitled "Evaluation of outbreak investigation and surveillance in infectious diseases In Belgium" at the University of Antwerp in 2004.

Since 1980, he has been working as a public health physician at the Flemish Government. Between 1980 and 1995, he was involved in several environmental studies ffor heavy metals in Belgium and he also worked part-time as an occupational health physician.

Additionally, he has worked in the field of infectious disease control as infectious disease physician and epidemiologist since 1995. His main research field of interest is outbreak investigations. He is the medical editor of the Flemish Infectious Disease Bulletin, and since 2007, he is member of the National Health Counsel in Belgium. He has been a member of the Editorial board of the journal Eurosurveillance since 1995.

Presentation description

Infectious diseases can be classified in different ways using microbiological criteria, clinical criteria, and epidemiological criteria. Infectious diseases identified as diseases that need mandatory declaration are associated with a need for early response and appropriate control. Source tracing and contact tracing, case finding, isolation, chemoprophylaxis, outbreak vaccination and temporarily exclusion and interruption of the infection chain might be necessary. Infectious diseases control units are dealing with the coordination and the follow up. Especially coordination is an important task given the eventually involvement of a large number of patients and also professionals. Cross border contacts are frequent. Moreover cross border activities like working, travelling, living, studying, shopping, staying abroad, leisure, cultural contacts, sporting, and visiting friend and relatives are examples of opportunities for transmission of pathogenic agents. Those contacts are increased since the vanishing of borders and especially for countries in which the same language is spoken. The contacts are often longstanding and repetitive. The result of the intensive contact is that many pathogens circulate crossing the borders. Intensive contact can range from living together in one town of which part is Belgium and one part is Dutch, going to the same university or schools and spending quite a time together to having a sporadic occasional contact. That means that the different departments of infectious disease control in the different countries for the best have to interfere as partners using the same strategy, the same procedures, the same tests, the same goals and that they have communicate in an early, constructive and appropriate way. It already had occurred frequently that the source tracing had to be performed in one country and that the control around the patients was performed in the other country. Sources, contacts, patients, transmission routes, vehicles, fomites, animals, food, water, were spread over the different countries. Given that outbreak control and prevention is based on evidence control measures and preventive advices ought to be quite similar. To enforce and to facilitate the collaboration between both countries Flanders and the Netherlands decided to publish guidelines for control of infection diseases using the same manual and format. In 2011 the Flemish guidelines were published using the LCI Infection Control Edition. Paragraphs who were changed were the frequency of the disease, the diagnostic tools and the therapy if necessary, case definitions for notification, the addresses of collaborating departments, but the main frame is identical. Thanks

to the financial support of the Netherlands and the support of the Flemish authorities an important tool for control of infections could be launched. The use of commonly shared document facilitates the collaboration during case management and outbreak management.

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Dr. Aura Timen - RIVM/Centrum voor Infectieziektebestrijding (NL)

The title of the presentation

Cross-border infectious disease control as an opportunity, rather than a threat

Affiliation

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Curriculum vitae

Aura Timen (MD, PhD) registered as a specialist in community medicine in 1999. Her graduation thesis was awarded with the 'SGC prize 1999'. In 2000, she was registered as a specialist in communicable disease control. She worked for several years (1996-2001) as a public health physician and later as a consultant in communicable disease control at the Public Health Service Delfland (Delft, The Netherlands). From 2000 onwards, she has been employed by the National Coordination Centre for Communicable Disease Control (LCI) which has become part of the Centre for Infectious Disease Control of the National Institute for Public Health and the Environment (RIVM) in June 2005. She is currently head of the LCI, a professional organization that provides co-ordination of communicable disease control in crises, issues control guidelines and advises professionals regarding communicable disease. Aura Timen holds a PhD in outbreak management from the Radboud University Nijmegen, The Netherlands. Throughout the past years, she has participated in various international projects aiming to assess and strengthen the capacity to respond to epidemics. In November 2012, she was elected as president of the Infectious Disease Control Section of the EUPHA.

Presentation description

In the aftermath of the worldwide SARS outbreak, the imperative necessity of a high level of public protection became obvious. Acting against the spread of communicable diseases requires governmental and international agencies to build and strengthen infectious disease surveillance at all levels, to facilitate early warning and to co-ordinate response where needed. The WHO has undertaken a major step by revising the International Health Regulations to include not only known disease but also “public health events of international concern”. Thus, the IHR have become a worldwide commitment of countries to inform other countries at risk and the WHO of possible threats. In Europe, the European Parliament and Council adopted in 2013 the “Decision on serious cross-border threats to health”. This decision strengthens the existing network for the surveillance and the control of communicable diseases in the Community and adds new dimensions to it by setting a legal framework to cover other threats to health such as: antimicrobial resistance, healthcare-associated infections, chemical and environmental hazards but also hazards related to climate change. Those hazards have the capacity to disrupt the normal functioning of the society and jeopardize the individual capacity of a country to react and thus require action at EU level to complement national policies.

Apart from the official international collaboration within the WHO networks, countries in various regions of the world join their efforts to perform surveillance and detect threats. The reason behind these joint actions originates in the globalization of travel, food production and trade, increased migration, climate change and microorganisms adaptation. All these developments have significantly decreased the distance between nations and have put an end to the illusion that country borders have the capacity to stop transmission of diseases. These joint efforts of countries do not only involve outbreak detection and control, but are being translated into preparedness plans including procurement and mobilization of resources. A recent example of that is the AsiaFluCAP project in which countries in Europe and South-East Asia worked together to assess the capacity to respond to a pandemic and to identify cross-border issues related to healthcare resources and transmission of disease.

In the presentation recent examples of cross-border initiatives will be given.

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Symposium II:

Grenzüberschreitende Gefahrenabwehr CBRN (Chemisch, Biologisch, Radioaktiv, Nuklear)

Ergebnisse der Teilprojekte CBRN rot (Schutz, Verhalten, Detektion) und weiß (Gegenmaßnahmen, Behandlung, medizinische Versorgung), Risikowahrnehmung, Ausblick

Frans Greven – GGD Groningen (NL)

Theo Goertz – CBRN Fachberater Kreis Heinsberg (D)

Harmut Prast – CBRN Fachberater Städteregion Aachen (D)

Drs. Cindy Gielkens - GGD Zuid Limburg (NL)

Lisbeth Hall – RIVM

Sven Evertz – Scientific project coordinator at the Institute of Hygiene and Environmental Medicine University Hospital Aachen (D)

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Frans Greven

Affiliation

Frans Greven, Toxicologist at GGD Groningen

The title of the presentation

Chemical incidents: communicating with the public.

Presentation description

Chemical incidents: communicating with the public

Branden met grote hoeveelheden 'chemische stoffen' kunnen gemakkelijk leiden tot grote onrust, zoals het geval was in 2011 rond de brand bij Chemie-Pack te Moerdijk. De Onderzoeksraad voor de Veiligheid gaf in haar analyse aan dat de communicatie onvoldoende aansloot op de beleving van de burgers en dat een beeld van een falende overheid die informatie achterhield ontstond. Een dergelijke situatie zou zich overal in Nederland gemakkelijk opnieuw kunnen voordoen.

GGD Groningen heeft samen met VUmc op een vernieuwende manier onderzoek gedaan naar communicatie bij incidenten. We hebben verschillende boodschappen over rook bij branden voorgelegd aan een panel van burgers. Dit onderzoek heeft verrassende resultaten opgeleverd, die tot een aantal gemakkelijk toepasbare aanbevelingen leiden. Deze aanbevelingen kunnen de met een ramp gepaard gaande kosten en ongerustheid sterk reduceren.



Curriculum vitae

Frans Greven is an expert in toxicology, environment and radiation at the Medical Department of Environmental Health Service Groningen. Among other things, he actively works as a medical health advisor for hazardous substances at the GGD Groningen for the northern Netherlands. Furthermore, he had conducted his PhD research at the Utrecht University on the health effects of inhaling smokes from fires. In 2013 in cooperation with Vumc-EMGO+ research team, he conducted research on the relationship between risk perception and crisis communication in large fires at the Chemie-Pack in Moerdijk in 2011.

.....

Drs. Cindy Gielkens - GGD Zuid Limburg (NL)

The title of the presentation

Cross-border cooperation on infectious disease control and environmental health: EMRIC+ project results

Affiliation:

Cindy M.L. Gielkens-Sijstermans, Environmental Health Advisor
Public Health Advisor HazMat i.t.

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A short curriculum vitae

Cindy Gielkens is Environmental Health Advisor and has been working in the field of environmental health at the South Limburg Public Health Service since 2000. Since 2011, she is also working as a public health advisor Hazmat in the acute phase of incidents where hazardous materials are involved. Currently, she is the leader of the cross-border project EMRIC+/CBRN white, collaborating with Belgium and German cross-border professionals.

Presentation description

In today's society people are often exposed to hazardous materials (hazmat). Incidents with chemical, radiological and nuclear materials can take place always and everywhere. Examples of incidents with hazardous materials are the large chemical fire in Moerdijk in 2011 and the train-incident in Wetteren, Belgium in May 2013, where there was a release of acrylonitril in the surroundings.

Advice on the risks for public health of hazmat-incidents is very important. Hazmat-incidents do not only affect the direct location of the incident: chemicals (gas, fumes or liquids) can easily travel to other places and do not stop in front of borders. That's why a crossborder collaboration in the field of Public Health Risks of Hazmat incidents is needed. Being part of the EMRIC+ project (Euregio Maas Rhine Intervention during Crises) gives us the opportunity to establish a network of professionals and to realize a euregional reference framework regarding to his topic.

First of all it was necessary to collect information on how HAZMAT-emergency-planning was organized in the three countries (Germany, Belgium and the Netherlands). A literature review was carried out and there were interviews with several key persons in the euregion. In the last year of the project there were two meetings where Dutch, German and Belgium professionals from the Euregio participated. Main goal of these meetings was to get to know each other and each other's knowledge. Various substantive topics were discussed, for example the nuclear plant in Tihange, a decontamination-protocol and risk-communication of incidents with hazardous materials. There also was a table top exercise to test the ability to cooperate and a communication exercise to test the mutual communication and the language barrier.

From the perspective that incidents with hazardous materials present a risk to have a cross-border nature and that a cross-border preparation is necessary, the participants have indicated:

- that knowing each other is essential for the cooperation in the field of 'public health risk assessment in hazmat incidents'.
- to participate in workshops in the future involving preparation for incidents with hazardous substances;
- to share his or her (specific) knowledge and skills with the other partners (a dynamical document containing professionals' contact details and expertise)
- to encourage other partners like public health organizations, hospitals and research centres to join the cooperation;
- to stimulate the several players in the field to exchange protocols and to shorten lines of communication.

.....

Dipl.-Ing. Theo Goertz – CBRN Fachberater Kreis Heinsberg (D)

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Presentation description

Es gibt etwa 6 Millionen unterschiedlicher Chemikalien, wovon ca. 50.000 bis 70.000 in größeren Mengen erzeugt, gehandelt und transportiert werden.

Viele dieser Stoffe können bei unsachgemäßer Behandlung oder bei Unfällen, wenn sie dabei außer Kontrolle geraten, zur Gefahr für Menschen, Tiere, Umwelt und Sachwerte werden,

Die dabei freiwerdenden, Flüssigkeiten Gas, Dämpfe, machen, wenn sie einmal freigesetzt worden sind an keiner Grenze halt, auch nicht an einer Landesgrenze. Gleiches gilt für Brandrauchwolken die sich bei einem Schadfeuer bilden und entwickeln.

Neben diesen offensichtlich und leicht einsehbaren Gründen die eine Zusammenarbeit über Ländergrenzen hinweg sinnvoll und geboten erscheinen lassen, kommt als weiter Aspekt hinzu, dass die Sachverhalte die bei CBRN Einsätzen zu bearbeiten sind, sehr komplex und vielschichtig sind, das bedeutet, dass eine Feuerwehr alleine die Probleme nicht lösen können wird.

Diese Gründe hatten uns bewegt, im Rahmen des Emric+ Projektes das Thema CBRN aus Sicht der Feuerwehren zu beleuchten auch um die unterschiedlichen Möglichkeiten, Stärken und Schwachpunkte in den beteiligten Projektländern zu erfassen.

Es war ein erklärtes Ziel des Projektes ein nachhaltiges und langfristiges Konzept für die gemeinsame Gefahrenabwehr zu entwickeln und den Partnern zur Verfügung zu stellen.

Das Projekt verfolgte die beiden folgenden Ziele:

- Am Projektende steht den Projektpartnern ein umfassendes, ausgearbeitetes Einsatzkonzept zur grenzüberschreitenden Zusammenarbeit bei CBRN Lagen zur Verfügung. Dieses Konzept wird im nächsten Schritt in Übungen verifiziert.
- Aufbau und Betrieb eines Bereitschaftssystems für ABC Führungskräfte und Fachberater in Kr. AC und Stadt AC sowie im Kr. HS

Dabei wurden die folgenden Projektprodukte bearbeitet:

1. Durchführung einer IST Analyse in den Partnerländern
2. Konzept zum Informationsaustausch und Warnung bei Großschadenslagen
3. Gemeinsame Ressourcennutzung bei CBRN Großschadenslagen
4. Gemeinsames Messkonzept bei CBRN Großschadenslagen
5. Gemeinsames Konzept zur CBRN Probenahme

Im Laufe des Projektes wurden Teilergebnisse vorgestellt und in Übungen verifiziert. Die Entscheidungsträger haben die Teilergebnisse begutachtet und für die weitere Bearbeitung freigegeben.

.....

Hartmut Prast – CBRN Fachberater Städteregion Aachen (D)

Affiliation:

Diplom- Chemieingenieur
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Presentation description

Es gibt etwa 6 Millionen unterschiedlicher Chemikalien, wovon ca. 50.000 bis 70.000 in größeren Mengen erzeugt, gehandelt und transportiert werden.

Viele dieser Stoffe können bei unsachgemäßer Behandlung oder bei Unfällen, wenn sie dabei außer Kontrolle geraten, zur Gefahr für Menschen, Tiere, Umwelt und Sachwerte werden,

Die dabei freiwerdenden, Flüssigkeiten Gas, Dämpfe, machen, wenn sie einmal freigesetzt worden sind an keiner Grenze halt, auch nicht an einer Landesgrenze. Gleiches gilt für Brandrauchwolken die sich bei einem Schadfeuer bilden und entwickeln.

Neben diesen offensichtlich und leicht einsehbaren Gründen die eine Zusammenarbeit über Ländergrenzen hinweg sinnvoll und geboten erscheinen lassen, kommt als weiter Aspekt hinzu, dass die Sachverhalte die bei CBRN Einsätzen zu bearbeiten sind, sehr komplex und vielschichtig sind, das bedeutet, dass eine Feuerwehr alleine die Probleme nicht lösen können wird.

Diese Gründe hatten uns bewegt, im Rahmen des Emric+ Projektes das Thema CBRN aus Sicht der Feuerwehren zu beleuchten auch um die unterschiedlichen Möglichkeiten, Stärken und Schwachpunkte in den beteiligten Projektländern zu erfassen.

Es war ein erklärtes Ziel des Projektes ein nachhaltiges und langfristiges Konzept für die gemeinsame Gefahrenabwehr zu entwickeln und den Partnern zur Verfügung zu stellen.

Das Projekt verfolgte die beiden folgenden Ziele:

- Am Projektende steht den Projektpartner ein umfassendes, ausgearbeitetes Einsatzkonzept zur grenzüberschreitenden Zusammenarbeit bei CBRN Lagen zur Verfügung. Dieses Konzept wird im nächsten Schritt in Übungen verifiziert.
- Aufbau und Betrieb eines Bereitschaftssystems für ABC Führungskräfte und Fachberater in Kr. AC und Stadt AC sowie im Kr. HS

Dabei wurden die folgenden Projektprodukte bearbeitet:

6. Durchführung einer IST Analyse in den Partnerländern
7. Konzept zum Informationsaustausch und Warnung bei Großschadenslagen
8. Gemeinsame Ressourcennutzung bei CBRN Großschadenslagen
9. Gemeinsames Messkonzept bei CBRN Großschadenslagen
10. Gemeinsames Konzept zur CBRN Probenahme

Im Laufe des Projektes wurden Teilergebnisse vorgestellt und in Übungen verifiziert. Die Entscheidungsträger haben die Teilergebnisse begutachtet und für die weitere Bearbeitung freigegeben.

.....

Elisabeth (Lisbeth) F. Hall, BSc (Hons), MSc

The title of the presentation

Good Practices in Preparedness and Response for Cross-border Chemical Incidents

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Curriculum vitae

Lisbeth Hall has been working at the Dutch National Institute for Public Health and the Environment (RIVM), since 2007. As an Environmental Public Health Scientist she manages environmental health research projects and advises municipal Public Health Services on environmental health issues. In the case of an acute environmental incident, she liaises between the municipal Public Health Services and the RIVM to ensure that the required support is delivered. Furthermore, she is Coordinator International Affairs for the Centre for Environmental Safety and Security. Currently she is managing a work package of the EU-funded project 'European Chemical Emergency network' (ECHEMNET) and she previously coordinated the EU-funded project 'Cross-border Exposure characterisation for Risk Assessment in Chemical Incidents' (CERACI). Before joining the RIVM, she worked as an environmental health officer at the Public Health Service, Groningen. She holds a degree in Toxicology & Pharmacology from the School of Pharmacy, University of London and a degree in Environmental Health Sciences from Maastricht University.

Presentation description

The presentation will focus on the results of the EU-funded project 'Cross-border Exposure characterisation for Risk Assessment in Chemical Incidents' (CERACI). The project's aim was to strengthen public health risk assessment and facilitate cross-border cooperation for the acute phase of chemical incidents by improving exposure assessment and interoperability of exposure assessment guidelines, tools and practices. CERACI identified many good practices in emergency preparedness and response for chemical incidents and these will be highlighted in the presentation.

Symposium III: Diskussionsrunde

EUMED, die euregionale Hilfe untereinander in dringenden medizinischen Fällen – ein Modell für Europa

1 Europäisches Traumanetzwerk (BTCCE= Boundless Trauma Care Central Europe)

2 Euregio-Rettungsdienstprotokolle/TEMRAS

3 EUMIC Grenzen verlegen auch im Interhospitaltransport von Intensivpatienten

4 Fahrzeugdemonstration (Intensivkrankentransport)

Prof. med. Hans-Christoph Pape – Professor and Chairman Department of Orthopedic Trauma University of Aachen Medical Center,
Department of Orthopedic Trauma (D)

Dr. med. Jochen Jansen – Teilprojektleiter Euregionale Ambulanzprotokol/Anästhesiologe GGD Zuid Limburg (NL/D)

Dr. med. Joachim Habers – medical director EMS for the Städteregion Aachen (D)

Dr. Stefan Beckers – medical director EMS for the city of Aachen (D)

Dr. med. Uli Strauch – Anesthesiologist Intensivist at Maastricht UMC+ (NL)

.....

Dr. med. Uli Strauch – Anesthesiologist Intensivist at Maastricht UMC+ (NL)

The title of the presentation

EUMIC – Crossing borders – also with interclinical IC patient transport

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Presentation description

Transport of critically ill patients is known to be a high risk procedure with a significant rate of adverse events.

Especially during interclinical transportation, the patients' safety is often compromised due to the absence of highly qualified staff and the lack of sophisticated resuscitation equipment. Unfortunately, there are no valid data to help outweigh the benefits of transportation of certain patient categories to a specialized intensive care center versus the risks of transport related injuries in these patients.

There is no consistent definition for quality of transportation, yet some proxy markers are used to evaluate the safety of transportation such as changes in physiologic parameters, adverse event rates, length of hospital stay and long-term mortality. Within the ongoing discussion concerning centralization and regionalization of critical care facilities, safe, reliable and cost effective interclinical transport of the critical ill patient is a key factor for success in any future development in this direction.

Therefore, a valid system is needed to describe which patients may benefit from transfer and which patient characteristics define the level of transportation facility in terms of transportation vehicle, staffing and necessary equipment. Also, a uniform method to measure the quality of transportation should be developed. These tools, when developed, might then be used to achieve an important improvement in terms of efficacy and quality which finally should result in cost saving strategies with guaranteed quality standards.

This is true for all critically ill patients undergoing an interclinical transport at least in central Europe.

In the Study Region (MICU region Maastricht, Stadt and Staedteregion Aachen) exists a great variety of transport facilities which perform approximately 2500 interclinical transports of critically ill patients per year.

Despite a well-established cross border system for emergency and disaster management the interclinical transports of critically ill patients are still performed by the local services without cross border coordination of support.

EUMIC aims

- to develop tools for monitoring the quality of interclinical ICU transportation
- to detect patient characteristics that define the level of transportation facility in terms of vehicle, staffing and equipment
- to create cross border ICU transportation regions
- to improve quality and efficacy of interclinical ICU transportation in the Euregion Meuse Rhine

.....

Dr. med. Jochen Jansen – Teilprojektleiter Euregionale Ambulanzprotokol/Anästhesiologe GGD Zuid Limburg (NL/D)

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Presentation description

Mit der Präsentation des EMRIC-Projekts ``EUREGIO Maas-Rhein-Rettungsdienstprotokoll`` wird nicht etwa ein Projekt abgeschlossen sondern vielmehr der Beginn eines neuen Abschnitts in der grenzüberschreitenden Notfallrettung eingeleitet.

Auf der Grundlage der nationalen Rettungsdienstprotokolle der Niederlande (Landelijk Protocol Ambulancezorg, LPA – Version 7.2), welche für die Verwendung in der präklinischen Notfallmedizin ohne den flächendeckenden Einsatz von ärztlichem Rettungsdienstpersonal vorgesehen sind, wurde eine Version zunächst in zwei Sprachen (deutsch/niederländisch) erstellt. Grundsätzlich besteht damit die Möglichkeit der Anwendung dieser Protokolle in den in der EUREGIO vorhandenen unterschiedlichen Systemen (ärztlich vs. nicht-ärztlich gestützter Rettungsdienst). Die Vision hinter diesem Projekt ist **ein** EUREGIO Maas-Rhein-Rettungsdienstprotokoll, gültig und die nationalen Grenzen überschreitend zur Anwendung kommend in den drei Teilregionen. Eine in Grundsätzen einheitliche und protokollbasierte notfallmedizinische Versorgung durch Ärzte und Paramediziner gleichermaßen. Die seit Jahren bewährte grenzüberschreitende Zusammenarbeit im Bereich des Regelrettungsdienstes wird somit auf eine neue Stufe in Bezug auf Behandlungsstandard, -qualität und -sicherheit gehoben. Die Systeme werden noch kompatibler und bieten sowohl für den Patienten als auch für die Hilfeleister deutliche Vorteile. Hierbei bieten telemedizinische Unterstützung und Überwachung, wie etwa das TEMRAS-System, eine zusätzliche Qualität und Sicherheit durch Konsultation auf Expertenniveau. Das Projekt in der EUREGIO Maas-Rhein kann daher nicht zuletzt als Modellcharakter für ganz Europa dienen.

.....

Symposium IV:

Realistische Unfalldarstellung / Realistische Notfalldarstellung (RUD / RND)

Andreas Bimmerman

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Andreas Bimmermann

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Symposium V:

Krisenkommunikation/Risikokommunikation

„Was man wissen soll...!?“

Monique van Spijker

Ruud Houdijk

M.A. Marian Ramakers-van Kuijk MCDM

Peter Mertens

.....

Monique van Spijker

The title of the presentation

Grensoverschrijdende gegevensuitwisseling: kennen wij de risico's aan de andere kant van de grens en weten wij welke effecten deze risico's kunnen hebben?

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A short curriculum vitae

Monique van Spijker heeft een bestuurlijk juridische achtergrond. Bij de provincie Limburg heeft zij als jurist op vele onderwerpen geadviseerd bij de behandeling van bezwaarschriften en administratief beroep. Sinds 10 jaar adviseert zij de Commissaris van de Koning (in Limburg Gouverneur genoemd) over vraagstukken die de terreinen rampenbestrijding, crisisbeheersing, openbare orde en

grensoverschrijdende samenwerking betreffen. Monique heeft namens de Gouverneur mede een rol gespeeld bij de totstandkoming van het project EMRIC+.

Internationalisering en grensoverschrijdende samenwerking in brede zin zijn aandachtspunten van de Gouverneur. Het bevorderen van de grensoverschrijdende gegevensuitwisseling is een van de onderwerpen die daar deel van uit maken. Monique werkt nauw samen met de Nederlandse risicokaart. In euregionaal verband en in Beneluxverband draagt zij bij aan het bij elkaar brengen van partners om de grensoverschrijdende gegevensuitwisseling te verbreden.

Presentation description

Rampen en crises stoppen niet bij de grens. Het kennen van de risico's aan de andere kant van de landsgrens is niet alleen van essentieel belang bij een goede risico-inventarisatie en preparatie op het beperken van de gevolgen van deze risico's. Het kennen van elkaars risico's is ook van belang bij de invulling van de gewenste grensoverschrijdende samenwerking.

Binnen de grensregio's leeft al geruime tijd de ambitie om de grensoverschrijdende risico's digitaal te kunnen tonen en te kunnen implementeren in de eigen systemen.

Zo ook binnen het project EMRIC+. Bij de voorbereidingen van het project merkten we dat er meerdere uitdagingen zijn, die een snelle realisatie van de in het project beoogde euregionale risicokaart niet mogelijk maakten. Om die reden is deze ambitie buiten het project EMRIC+ gebleven.

De Commissaris van de Koning draagt de grensoverschrijdende samenwerking in brede zin een zeer warm hart toe. Dat betekent dat de activiteiten om te komen tot een grensoverschrijdende uitwisseling van gegevens zeker niet zijn stopgezet. Langs andere kanalen en samen met de verantwoordelijke binnenlandse en buitenlandse partners wordt nog steeds gewerkt aan de realisatie van een structurele en geborgde grensoverschrijdende uitwisseling van gegevens. De bereidheid en de wens van de partners tot samenwerken maakt we de uitdagingen gezamenlijk bij de hand nemen.

Uiteindelijk kunnen de resultaten hiervan gekoppeld worden aan de eindproducten van het project EMRIC+. Het is de bedoeling dat ook andere (eu)regio's de resultaten van de inspanningen kunnen gebruiken en zo verder bijdragen aan de verdere verdieping van de grensoverschrijdende samenwerking op het gebied van rampenbestrijding en crisisbeheersing.

.....

M.A. Marian Ramakers-van Kuijk MCDM

The title of the presentation

Crisiscommunicatie, wat men weten moet.

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A short curriculum vitae

Na diverse functies in het onderwijs als onder meer coördinator talenonderwijs, vestigingsmanager en docente heeft Marian de overstap gemaakt naar de wereld van publieke veiligheid en is begonnen bij de GHOR Zuid-Limburg om daar de grensoverschrijdende samenwerking met de aanliggende gebieden in België en Duitsland vorm te geven. In 2009 is zij gevraagd projectleider te worden van het Emric+project, waardoor zij niet alleen de belangen van de GHOR Zuid-Limburg behartigde, maar ook de belangen van de buitenlandse partners en dat zowel in het medische als ook in het brandweer- en bestuurlijke veld. Marian heeft ook enkele jaren ervaring met bestuurszaken als bestuurs- en directiesecretaris bij de GGD Zuid Limburg.

Presentation description

De burger heeft recht op snelle en juiste informatie over de gevolgen van een ramp, crisis of ongeval. Ook in de grensregio's en ook als het voorval in het (nabije) buitenland heeft plaatsgehad. Of het nu gaat om de oproep tot evacuatie, de boodschap binnen te blijven en ramen en deuren te sluiten of om het aantal slachtoffers en de identiteit van de slachtoffers, de gevolgen voor het milieu of de



gezondheid op de lange termijn, in alle gevallen is afstemming met naburige overheden en bestuurders gewenst, ook als het om buitenlandse instanties gaat. In de drie landen waartoe de Euregio Maas-Rijn behoort kan de beschikbare informatie anders zijn door verschillen in wet- en regelgeving, culturele verschillen en interpretatieverschillen van bijvoorbeeld meetgegevens, maar ook door verschillen in systemen waardoor de informatie op een ander tijdstip bekend wordt. Het is in een regio waar grenzen in het dagelijks leven nauwelijks meer bestaan niet aan de burger uit te leggen dat men in het buurland binnen moet blijven bijvoorbeeld, terwijl men zelf zijn huis moet verlaten.

Daarom is in het Emric+project gewerkt aan een overzicht van bij een crisis, ramp of groot ongeval betrokken instanties in de drie landen van de Euregio Maas-Rijn en welke overleggremia en (crisis)staven ten tijde van een ramp een rol spelen en welke rol zij spelen. Dit overzicht is zowel op papier als digitaal als app beschikbaar. Tijdens het symposium zal de launch van de app plaatsvinden. In de workshop zal uitleg gegeven worden over de wijzen van opschalen in de drie landen, de verantwoordelijkheden van de drie gremia en het gebruik van de app.

.....

Peter Mertens

The title of the presentation

Naar een risicocommunicatiebeleid in België

Your professional contact details:

Peter MERTENS

Federale Overheidsdienst Binnenlandse Zaken

Algemene Directie Crisiscentrum

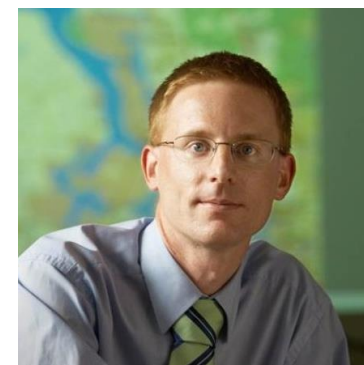
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A short curriculum vitae

Na 2 jaar ervaring als onderzoeksmedewerker aan de Universiteit Antwerpen rond risicocommunicatie en 2 jaar bij een communicatiebureau als consultant, werk ik nu reeds 12 jaar bij het Crisiscentrum Binnenlandse Zaken als woordvoerder.

Op basis van der ervaringen bij oefeningen, trainingen en reële incidenten, probeer ik met mijn collega's elke dag opnieuw de crisiscommunicatie te verbeteren, in samenwerking met de lokale en nationale communicatiepartners, alsook in BeNeLux-verband.

Presentation description

Terwijl oorspronkelijk (en uiteraard nog steeds) de aandacht lag op crisiscommunicatie, kwam het belang van een voorafgaande informatie over risico's sterker op de voorgrond. Als we het model voorstaan waarbij de burger zelf verantwoordelijkheid opneemt voor zijn veiligheid en zelfredzaam is, moet hij vooraf over de relevante informatie kunnen beschikken. Risicocommunicatie is in die zin de opstap naar crisiscommunicatie.

Ondanks de diverse initiatieven, is het voor de burger niet altijd evident om de informatie terug te vinden. Na een benchmark wordt nu een project rond risicocommunicatie vorm gegeven.