

The workers were exposed to a mixture of poorly characterised inhaled toxicants. A variety of acute and chronic respiratory illnesses have been reported among all exposed workers, which are the subject of large scale ongoing investigation and follow up. The predominant WTC related chronic lower airway disorders have been clinically characterised as irritant-induced asthma, nonspecific chronic bronchitis, chronic bronchiolitis, and aggravated pre-existent chronic airway disease. In addition to those, several often limited case reports, case series, and small studies have suggested other associated lung diseases among those workers. Lung function surveillance, which demonstrated an exaggerated one time expiratory flow loss (about 500 ml), has shown an average expiratory flow decline in subsequent years that seems to follow age-related rates. This episode clearly invited reflection on the characterisation of chronic airway diseases, risk factors for respiratory health, and respiratory epidemiology methods.

1608d **CHANGING PHYSICIAN BEHAVIOUR – WHAT WORKS? A SNAPSHOT OF AN INTERVENTION TO IMPROVE MONITORING AND MEDICAL CARE FOR SURVIVORS AND RESPONDERS OF THE 9/11 TERRORIST ATTACKS**

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**Introduction and objectives** After the terrorist attacks on September 11, 2001, there was a demonstrated need to develop monitoring and treatment programs for responders and local community survivors of the events. Almost immediately, the Fire Department of the City of New York initiated a screening program for FDNY responders. The Medical Monitoring Treatment Program began to monitor law enforcement and general responders in the New York City area. The New York City Health and Hospitals group established a program for area workers, residents, and those who were in the dust or dust cloud on 9/11 – the group now referred to as ‘survivors.’

**Methods** At the onset of the Program, a comprehensive outreach and education strategy was created to reach potentially eligible 9/11 responders and survivors. A treatment Referral Program was established with the New York City Department of Health and Mental Hygiene, WTC Health Registry. These efforts proved successful in enrolling new members. However, a gap was identified in how information about the program and related health conditions were being disseminated to medical health professionals who were in a unique position to refer patients to the Program for care.

To reach healthcare providers the Program contracted with WebMD-Medscape, a leading online source of information for the medical community and healthcare professionals. The goals of partnering with Medscape were: to increase provider awareness about WTC Health Program screening and treatment, provide training materials to external healthcare providers to ensure consistency and quality related to screening and treatment, incentivize the use of training materials by offering CME/CE credits through a free and easy to access system, and to archive WTC Health Program knowledge.

Through the partnership with WebMD-Medscape the Program created five products:

1. After the 9/11 Terrorist Attacks: The World Trade Centre Health Program and Disaster Response
2. Health Risks Associated with 9/11 and the WTC Disaster: Lessons Learned
3. Advances in Screening and Treatment for WTC Responders and Survivors
4. Airway, Digestive, and Mental Health Comorbidities in WTC Responders and Survivors
5. Cancer in the WTC Health Program

**Results**

- Reached over almost 45 000 healthcare providers in 45 states, the District of Columbia, and non-continental US Territories
- 77% of learners who took the post-test indicated they will make a change in their practice and 50% of those indicated they were very committed to making this change.
- On average, 22% of test takers said they plan to modify treatment plans, 19% will change their prevention practice, 12% will incorporate different diagnostic strategies and 10% will use alternative communication methods
- On average 50% of the test takers are very committed to making the change and 32% were somewhat committed.

**Conclusions**

- Continuing education trainings are an effective tool for sharing research with healthcare providers.
- The five CME/CE programs credited by the WTC Health Program reached a large number of healthcare providers and led to improved awareness and treatment for 9/11-related diseases.

1449 **EBOLA VIRUS DISEASE: CHALLENGES AND CONTINGENCIES FOR NIGERIA'S OFFSHORE INDUSTRY**

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**Introduction** The largest outbreak of Ebola Virus Disease (EVD) was first reported by Guinea to the WHO in March 2013. From that time, the outbreak spread to Liberia, Sierra Leone, Senegal and Nigeria. The virus was exported to Nigeria in July 2014 by a business traveller from Liberia. As of September 2014, 20 cases (including the index case) had been reported with 8 deaths. However, it is the novel challenge posed by the presence of the virus to the offshore industry in Nigeria that required offshore operators to adapt and innovate emergency and crisis preparedness measures in dealing with the EVD situation. This paper shares the experience of a major offshore exploration and production player in Nigeria in operationalizing, through an incident management system approach, the different facets of preparedness for an EVD crisis within its offshore space.

**Methods** Primary data was gathered through direct observation, witnessing and participation in preparedness activities related to a potential offshore EVD case.

**Results** The incident management system approach proved to be useful and adaptable to non-traditional occupational and business risks, with regards to preparedness and response. It was however clear that industry and government have a lot more to do and learn in terms of hazard identification, risk assessment and crisis preparedness of pandemics.