provide education and ongoing training to paramedics who are responsible for the management of disaster within the Australian community.

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Evolution of United States Legislation to Facilitate Bystander Response to Opioid Overdose

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Introduction: Opioid overdose deaths in the United States are increasing. Time to restoration of ventilation is critical. Rapid bystander administration of opioid antidote (naloxone) is an effective interim response but is historically constrained by legal restrictions.
Aim: To review and contextualize development of legislation facilitating layperson administration of naloxone across the United States.
Methods: Publicly accessible databases (1,2) were searched for legislation relevant to naloxone administration between January 2001 and July 2017.
Results: All 51 jurisdictions implemented naloxone access laws between 2001 and 2017; 45 of these between 2012 and 2017. Nationwide mortality from opioid overdose increased from 3.3 per 100,000 population in 2001 to 13.3 in 2016, 42, and 35 jurisdictions enacted laws giving prescribers immunity from criminal prosecution, civil liability, and professional sanctions, respectively. 36, 41, and 35 jurisdictions implemented laws allowing dispensers immunity in the same domains. 38 and 46 jurisdictions gave laypeople administering naloxone immunity from criminal and civil liability. Forty-seven jurisdictions implemented laws allowing prescription of naloxone to third parties. All jurisdictions except Nebraska allowed pharmacists to dispense naloxone without a patient-specific prescription. Fifteen jurisdictions removed criminal liability for possession of non-prescribed naloxone. The 10 states with highest average rates of opioid overdose-related mortality had not legislated in a higher number of domains compared to the 10 lowest states and the average of all jurisdictions (3.4 vs 2.9 vs 2.7, respectively).
Discussion: Effective involvement of bystanders in early recognition and reversal of opioid overdose requires removal of legal deterrents to prescription, dispensing, distribution, and administration of naloxone. Jurisdictions have varied in degree and speed of creating this legal environment. Understanding the integration of legislation into epidemic response may inform the response to this and future public health crises.

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Expand the Understanding of Response Roles: Who Really is First on Scene

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Introduction: The US, as well as many countries, are being beseeched by more natural and man-made events; both small (e.g., shootings) and geographically vast (e.g., floods). Due to a myriad of issues, traditional first responders i.e., EMS, fire department, and police cannot be expected to be the only trained lifesavers on the scene. In the US (as in many countries), it is imperative to begin the discussion to better understand the role of the "injured" and "immediate" responders and how they interact with the "first" responders.
Aim: To open a discussion amongst disaster experts about the merits of training and subsequent promotion of a curriculum for "immediate" responders.
Methods: Literature review.
Discussion: After recent evaluations of events, it is postulated that there are three categories of responders: the injured, the immediate, and the first (EMS, fire department, police). The premise upon which disaster risk reduction and building community resilience are achieved begin with strengthening, empowering, and equipping local populations with the appropriate tools. This would involve education, skills, and training. With the average general public trained, and if they are one of the first two categories, then the community would not only be better able to assist themselves, but also be able to integrate into the recovery process much more quickly and fully. By doing this, they will be empowered to take care of themselves, neighbors, and community, which in turn increases local resilience.

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Experience of Activation of the J-SPEED(MDS) in Japan

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Introduction: The Emergency Medical Team (EMT) Strategic Advisory Group of the World Health Organization has endorsed the EMT Minimum Data Set (MDS) as the standard methodology for EMT daily report. The MDS had been developed on a similar methodology called J-SPEED which developed in Japan. Thus, lessons learned from the J-SPEED can be applied to the MDS.
Aim: To review previous J-SPEED activations and to extract lessons learned.