

be conducted with pharmacists and other health professionals who have participated in previous disasters. 4. Attendance to, and auditing of disaster training for health professionals, as well as interviews with participants.

Results: Data from pharmacists and other health professionals will be collated separately and then compared to identify common trends, gaps, and 'lessons learned'. This comparison will allow a set of core competencies to be formulated and presented to relevant stakeholders and organizations for comment. Once finalized, the core competencies will be used to formulate recommendations for the training of Australian pharmacists to participate in disasters.

Conclusion: In Australia, disaster competencies and training for pharmacists is currently lacking. The ultimate aim of this research is to enhance preparedness for pharmacists, and improve local professional resilience during times of disaster with education and training.

Prehosp Disaster Med 2017;32(Suppl. 1):s160-s161

doi:10.1017/S1049023X17004356

Does Australian Continuing Professional Development Activities Prepare Pharmacists to Play a Role in Disasters?

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Study/Objective: To determine if Australian Continuing Professional Development (CPD) activities, available from Pharmaceutical Associations (PAs) prepare pharmacists for disasters.

Background: PAs are key stakeholders for the pharmacy profession. In everyday practice, they advocate for progress, provide CPD resources, and distribute relevant professional information. During disasters, PAs are expected to fill these roles, as well as provide disaster specific advice, support pharmacists, and discuss with government bodies the appropriateness of expanded pharmacy practice legislation to assist pharmacists in disaster response. In Australia, it is unknown how well PAs prepare members for disasters before a disaster strikes.

Methods: CPD activities from four accredited PAs were examined for disaster content, as well as the presence six skill sets which may be useful in disasters. These included wound care, mass dispensing, first aid, mental health first aid, vaccination administration, and triage. The PAs websites were also searched for content that provided advice or procedures for disasters.

Results: Two organizations provided disaster planning information, one during a weekend emergency medicine seminar conducted once a year, and the other on its website, for anytime access. Two (50%) of the organizations taught four of the six (67%) skills which may be relevant during disasters. These include vaccination, first aid/life support, mental health first aid, and wound care. No mass dispensing or triaging skills were taught in CPD programs.

Conclusion: In general, PAs in Australia do not provide pharmacists with foundation disaster training. PAs train pharmacists in skills which are useful in everyday pharmacy practice.

However, they failed to teach these skills within a disaster context. With appropriate training, pharmacists could be taught to develop and specialize their everyday skills to be useful during disasters, allowing them to respond to disasters with confidence and efficiency.

Prehosp Disaster Med 2017;32(Suppl. 1):s161

doi:10.1017/S1049023X17004368

Does Australian Pharmacy Curricula Prepare Students to Play a Role in Disasters?

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Study/Objective: To determine if Australian pharmacy curriculum prepares Bachelor of Pharmacy (B.Pharm) students to play a role in disasters.

Background: While health students are unlikely to perform clinical tasks during a disaster, with appropriate training they may provide support in non-clinical roles. Globally, several universities have begun to incorporate disaster education and training for various health professionals into curricula.

Methods: B.Pharm curriculum was accessed and downloaded from university websites across Australia. These files were then examined for disaster content as well as the presence of skill sets with potential use during disasters. These included wound care, mass dispensing, first aid, mental health first aid, vaccine administration, and triage. For degrees that contained electives, university websites were searched for subjects which may relate to disasters.

Results: Curricula from twenty-one B.Pharm and B.Pharm (honors) degrees from sixteen universities across Australia were analyzed. None of the degrees offered disaster or emergency training as part of their core subjects. No electives relevant to disasters could be undertaken by pharmacy undergraduates. From the six skills of interest, only three were taught across eight degrees. Wound care and vaccine administration were included in the curriculum of seven degrees (33.3%), and mental health first aid in three (15%). While first aid was only actively taught in one degree, all universities required students to be trained in first aid for placements and internship. No degrees covered activities such as triage or mass dispensing.

Conclusion: Overall certain skills which may be valuable during disasters or pandemics are not included in the majority of Australian B.Pharm curricula. While B.Pharm degrees may prepare students by focusing on safe dispensing and pharmaceutical knowledge, which may assist in areas such as triage and dispensing, they fail to put these skills into a formalized context of disaster or emergencies.

Prehosp Disaster Med 2017;32(Suppl. 1):s161

doi:10.1017/S1049023X1700437X

Pattern of Acute Poisoning in a Large Tertiary Care Settings in Ghana

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Study/Objective: To characterize acute poisoning cases admitted in an emergency department of a tertiary hospital in Accra, Ghana

Background: Acute poisoning is a common case in the emergency departments all around the world and involves high medical attention and significant cost. Many studies have showed that acute poisoning carries high mortality rates. The poisons used vary between different parts of the world and also within a country depending on cultural and socioeconomic factors. Different poisonous substances have been implicated in suicide attempts, accidental poisonings and attempted homicides. During the last few decades, there has been rapid growth in the number and variety of industrial compounds, pesticides and new drugs involved in acute poisonings.

Methods: The medical records of all admitted cases of poisoning to the emergency department of a large 2,000 bed tertiary hospital in Accra, Ghana from January 2013 to July 2016 were evaluated prospectively.

Results: During the period, 5,346 patients were seen. The age of the victims ranged from 14 to 78 years with majority (36%) between the age group of 21-30 years. The incidence was more common among females (66%) compared to males. The major agents of poisonings included household detergent (25%), organophosphorus compounds (23%), industrial chemical substance (18%), medicine overdose (6%), corrosives (6%), food poisoning (3%), and alcohol intoxication (2%). A high percentage (95%) was of suicidal attempts with (3%) being accidental and (2%) due to illness (depression). Mortality rate was 6% with 88% being discharged home within 72 hours.

Conclusion: The prevention and treatment of acute poisonings should be prioritized in health care delivery with strategies to provide psychological support.

Prehosp Disaster Med 2017;32(Suppl. 1):s161-s162
doi:10.1017/S1049023X17004381