

Merapi eruption, it is proved that a management support for emergency response task force is important. This management support allowed better control and coordination of available resources.

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(A275) Come Hell and Cold, High Water...

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It is extremely rare in disaster mental health annals to have consistent psychosocial interventions pre-disaster. For the third year in a row, the Red River Valley of the United States and Canada has experienced catastrophic flooding, on the heels of almost two decades of yearly major flooding. This paper describes the community and individual psychosocial responses to the current Red River flood, based on resiliency paradigms and the backdrop of successful mitigation of serial disasters. In addition, the author will present examples of real-time networking with colleagues around the world who are responding to natural disasters.

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(A276) Improving Emergency Medical Care in Nigeria – The Ubth Emt-Paramedic Training Programme

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Background: Trauma is the leading cause of death in the age group 15–44 years in Nigeria. The burden of trauma has continued to increase in the subregion. It is estimated that a significant proportion of trauma deaths occur prehospital. The role of the EMT-Paramedics in trauma and emergency care is well established. However the profession has been absent in the West African subregion. There was no training centre for EMT Paramedic professionals until the UBTH established one in 2008.

Objective: To review the UBTH EMT-Paramedic training programme and the implications for trauma and emergency care.

Method: The programme onset, implementation and challenges so far is reviewed in detail with illustrations.

Conclusion: The injection of the EMT-Paramedic professionals into our health system will surely improve our emergency care. The support of the Government at all levels as well support for the training from all Medical professionals is urgently needed.

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(A277) Academic Training for Paramedics - A Unique University Based Model

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Introduction: The paramedic profession is relatively new, dating to the 1970's. In Israel, it was introduced in 1980 and paralleled the introduction of advanced life support units (ALS) to Israel's national emergency medical services (EMS), Magen David

Adom (MDA). The curriculum and assigned roles were adopted with minor changes from Anglo-American systems. Initially, paramedics were assigned alongside physicians, but in recent years a growing percentage of units operate without an on-board physician. Despite the increasing complexity of required tasks and the move toward paramedic-led crews, paramedic training has changed little. Most are trained through a non-academic, certificate granting tracts. In 1998, a fully academic bachelor's degree program was launched at the Ben-Gurion University (BGU).

Methods: The programs aims, curriculum, and experience are described, based on past and current curriculum and on interviews with past and current staff and students.

Results: The BGU program is a three year program that grants its graduates both a University BA and professional paramedic certification. The program is housed as a university department within the Faculty of Health Sciences. First year courses center on basic sciences. The second year centers on classroom and simulation-based learning of the clinical topics. The third is devoted mostly to clinical clerkships, in hospital wards in the first semester and on MDA ALS units in the second. To date, the program boasts more than 300 graduates, many attaining higher academic degrees in healthcare sciences and many who work in Israel's national EMS.

Discussion: The BGU academic paramedic training program is the only such program in Israel and one of a few worldwide. Questions regarding the increasing responsibility and task complexity require a move from certificate training to University degree granting learning and the possible contribution of such

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(A278) Preliminary Successes and Challenges in the Creation of an Emergency Medical Care Training Program in the Wake of the 2010 Earthquake

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Background: The earthquake in January 2010 killed more than 250,000 Haitians and caused traumatic injury to tens of thousands of survivors. In the aftermath of the earthquake, Haitian civilians assisted in various medical roles. Many of the civilians requested training, and 8 months after the earthquake, a team of American clinicians, EMTs and health educators returned to Haiti to teach a course in basic lifesaving and emergency care.

Methods: Using a modified French-language EMS training curriculum, 60 community members with no previous medical experience were trained during an intense 2-month period. Trainings were held to teach basic lifesaving and stabilization skills. The Gwoup Ayisyen pou Ijans was formed and is preparing to take the French-language EMS exam. A follow-up study is being conducted to assess the capabilities of the students.

Discussion: Preliminary challenges included securing safe places for training and teaching in both French and Kreyol. Successes were the willingness of trainers to volunteer time and equipment, and the high motivation of the students, despite the inability of the government to promise consistent work for an EMT force.

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