AIIMS basic emergency care course (AIIMS BECC) to address the issue.
Objective: To improve the knowledge, skill and attitude of healthcare workers and laypersons in basic emergency care and to identify and train instructors.
Methods: Prospective study conducted over a period of one and half years. The target groups were medical, police, fire fighter, paramilitary forces, teachers, school children of India. Provider AIIMS BECC is of one day duration. The contents of the course are cardio-pulmonary resuscitation, chocking and special scenarios like trauma, electrocution, drowning, hypothermia, pregnancy, etc. Course was disseminated via lectures, audio-visual and hands on training. The participants were evaluated by pre and post test questions. Subjects had to score 80% to be successful and those who scored more than 90% were eligible for instructor course. The confidence levels at baseline and at the end of the course were evaluated in policecourses were evaluated on course clarity, course delivery and trainers quality on a likert scale (1 = worst, 5 = excellent).
Results: 1614 subjects were trained. 99.81% became providers and 2.6% were trained as instructors. 83.1% were non-medical and16.9% were medical personals. 76.14% were police, paramilitary 0.8%, teachers 1.6%, students 2.1% and mixed groups were 2.6%. The average and modal increase in confidence level among police were 66.14% and 62.49%. Likert scale of ≥ 4 was observed in 90.7% in course clarity, 91.28% in course delivery and 95.26% in trainer quality.
Conclusion: Knowledge, skill and attitude of healthcare care and laypersons in providing basic emergency care improved by community emergency care initiative. Instructors were identified for further dissemination of the course. The confidence levels increased among police.
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(A22) Promoting Emergency Preparedness of Local Municipalities for Disasters – Lessons Learned

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Background: Involvement of local municipalities in promoting emergency preparedness has been recognized as a key factor to build a resilient community. As part of the efforts to build and maintain knowledge and capabilities, the Israeli Ministry of Health initiated a series of conferences aimed at capacity building of city councils to provide services to the population following disasters.
Methods: 6 conferences have been planned for the years 2010-2011 in which 250 senior administrative employees from all municipalities, responsible for the health status in their communities are expected to participate. Each conference covers a variety of emergency scenarios, including biological events, regional hostilities and management of massive Acute Stress Reactions among the civilian population. Pre-post tests based on Multiple Choice Questions are conducted before and following each conference to identify impact of the training program.
Results: Findings from the pre-post tests conducted up to date showed a significant increase in all elements included in the training program. The average knowledge scores of the pre-post tests were 33% and 79% respectively. The highest increases in level of knowledge were found in regard to deployment of community centers for light casualties in chemical warfare scenarios (48% and 100% respectively) and concerning population that requires evacuation during emergencies (68% to 100% respectively). Overall levels of knowledge regarding community treatment centers in biological events were relatively low both before and after the training (16% and 44% respectively).
Discussion: Training local municipalities' personnel is crucial in order to promote emergency preparedness. Raising knowledge regarding response to newly emerging threats (such as deployment of exposure centers in biological events) was found to be more complex in comparison to well-recognized hazards (such as deployment of community treatment centers in chemical warfare). There is a need to conduct follow-up studies to determine the retention of knowledge over time.
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(A23) Traumatic Wound Management by Bystanders – Myths

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Objective: To receive trauma victims from site of incidence to the emergency department without mauling with adjuvant by first aid managers.
Material: Poor dressing techniques practiced for first aid in industrial, domestic, traffic, calamity, etc. inflicted wounds. Dressing with copious amounts of cotton on traumatized parts that are open or exposed. Wrong wrapping, storage, transport of amputated parts for attempt of salvage / reimplantation.
Methods: Assessment of increased rate in sepsis and rise in rate of risk of complications or loss of traumatized body part or even life in cases of trauma in which primary / incident manager with poor awareness / skills, shortage of first aid material.
Discussion: Need of training of general public on skills of first aid. Maintaining First Aid Kits for Emergencies as per stipulation and need based.
Observation: Improved results in management of trauma that were properly attended to from time of incidence to casualty.
Results: Improved ratio of post traumatic sequel like sepsis, delayed amputations, revisions, graft rejections, co morbidities, expenditure, etc.
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(A24) A Matter of Degree: Teaching "Disaster" and "Emergencies" to Public Safety Executives

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What is the difference between a "disaster" and an "emergency"? One can safely say that for the victim of an event, it is always a disaster. But what about the first responders who are tasked with returning conditions to normal as quickly as possible? What about the executives who must direct the first responders, as well as coordinate resources? The difference is a "matter