

(P1-41) Utilization of a Cadaveric Model in Pericardiocentesis TrainingP.C. Inboriboon,¹ S. Lumlertgul²

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Background: Pericardiocentesis is rare but life saving procedure that all emergency physicians should be competent in performing. Improper technique can place patients at significant risk for iatrogenic injury. Proper training is needed to familiarize physicians with proper pericardiocentesis technique.

Training Model: In order to facilitate training of this relatively rare procedure, a cadaveric pericardiocentesis model was developed. Described is a step by step procedure for creating a cadaveric model that can be used to train and evaluate providers in pericardiocentesis competency.

Utilization: This unique teaching innovation can be utilized in a variety of settings to train providers, including those in resource limited environments. It has already been utilized in the training of emergency medicine residents in Thailand and in the United States.

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(P1-42) The Educational Effects of a Triage Program in Senior High SchoolK. Suzuki,¹ H. Tanaka,² H. Takyu,³ N. Ninomiya⁴

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Background: Japan is one of the world's famous countries for natural disaster. Seven years ago, The Japanese government indicated the necessity of providing disaster prevention education in schools. However, such education has not yet been introduced.

Objective: The aim of this study was to evaluate the 90min triage program in senior high schools.

Method: Sixty nine students attended the program. The effects of the program were evaluated using pre and post examination by paired t-test and McNemar's test.

Result: Compare pre-test with post-test, the average score of the tests was a significant increased. Compare pre-questionnaire with post-questionnaire, the number of interested students in a regional disaster drill has increased.

Discussion: The results showed that this program increased the interest in disaster prevention and provided students with a chance to participate in disaster drills in their own resident area.

Conclusion: Carrying out this program in senior high schools, would provide students with a chance to learn disaster prevention.

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(P1-43) Standardized Full-Scale Exercises using Indicators Related to Patient Outcome: A Method to Increase Knowledge Coping with Aircrafts IncidentsM.E.A. Rådestad,¹ H. Nilsson,² A. Rüter,² M. Castren,³ L. Svensson,³ D. Gryth³

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Introduction: Disaster medicine is a young discipline and there is a need for the development of methods for evaluation and research. This includes full-scale disaster exercises that are quite costly. Within each organization these exercises are seldom conducted. If there was a standardized concept on how to conduct as well as evaluate these exercises, this could lead to better knowledge and cost effectiveness. The aim of this study was to increase awareness of the possibility to develop and conduct full-scale exercises in different settings using performance indicators combined with indicators related to patient outcome serving as a basis for comparison and evaluation process.

Methods: Two full-scale exercises in different organizations were studied. Identical panorama with the same number and type of casualties was used. Sets of performance indicators combined with indicators for unfavorable patient outcome, according to the Emergo Train System[®], were recorded as well as all transportation times and the patient distribution to selected hospitals. Qualified observers scored the results on predetermined locations; on the scene, hospital and strategic command and control.

Results: The lowest scored performance indicators were "first report to dispatch", "second report from scene" and "first patient evacuated". Due to insufficient response and evacuation times of victims to the receiving hospitals the unfavourable patient outcome, regarding preventable deaths and preventable complications were 28% ($n = 18$) and 41% ($n = 17$), respectively.

Conclusions: Standardized full-scale exercises where the same type of results is recorded can be conducted. This combination of performance indicators and Emergo Train System[®] leads to probabilities of development and better command and control response. Future use of the same concept may demonstrate important results that will lead to new and better knowledge that can be applied during real incidents.

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(P1-44) Health Emergency and Disaster Management Training for Health Professionals

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Background: Sri Lanka has learned, with contributions from a 30-year war and a tsunami, that disasters happen when and where least expected. Thus the Health Emergency and Disaster Management Training Centre (HEDMaTC) of the Faculty of

Medicine, University of Peradeniya was established to prepare Sri Lankan healthcare workers for all forms of health disasters.

Description: HEDMaTC conducts training programmes for health professionals, including medical doctors, nurses, emergency technical officers, ambulance drivers and porters. As these are adult training programmes practical methods of training such as drills, workstations, group work and hands on training have been used, in addition to lectures. Emergency care equipment, specific kits and techniques and desktop exercises are used to demonstrate protocols of emergency management and discuss principles of risk management, disaster management concepts, conceptual and technical challenges in measuring disasters and their impact on public health and its effective management. Participants prepare action plans for their individual institution based on the knowledge gained and are discussed in follow up programmes a month later.

Outcome: HEDMaTC is the only institution in Sri Lanka that is accredited by the Ministry of Health, Sri Lanka to train their staff in disaster management. HEDMaTC has trained 200 personnel in Public Health Emergency and Disaster Management, 117 in Sexual and Reproductive Health Services in Crises and 1034 in pre-hospital emergency care. The trained personnel were mobilized to the North and East of the country to handle healthcare issues, ranging from administration to ground work, of almost 300,000 displaced civilians in 2009 with a very satisfactory outcome.

Recommendations: The training methods used in these programmes are especially beneficial in adult training and it is to be recommended. We also recommend that HEDMaTC to be developed as a regional training center for South Asia.

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(P1-45) Harvard Humanitarian Initiative (HHI) and Federal University of Paraiba (UFP) Joint Emergency Medicine and Disaster Preparedness Training Center A Model for Academic and Clinical Exchange of Expertise
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Introduction: Evolving health systems frequently seek guidance with emergency medicine related topics. This has led to countless international collaboration between organizations attempting to meet this need.

Background: Paraiba, a state of 3.6 million, ranks near the bottom in Brazil for per capita income. The medical establishment has private, public and military systems without emergency medicine training and no disaster plans. HHI and Harvard International Emergency Medicine Fellowship are academic research and service oriented organizations with an emergency medicine and disaster preparedness focus. In 2009 a request for technical assistance was made to HHI from Paraiba, concerning disaster preparedness, clinical emergency medicine and pre-hospital training.

Methods: Exchange of correspondence surrounding needs and expectations of the partner organizations was conducted until the

August 2010. During August a series of meetings was conducted among the civilian, military and federal representatives and a collaborating body was formed under the guidance of UFP consisting of SAMU (prehospital care), the medical school and the five main hospitals of the city. In September HHI staff conducted a series of meetings and assessments in Paraiba. Plan Evaluation, educational and programmatic steps were decided on to be conducted over the several year project. Space and resources for the training center at the UFP was allocated. Establishment of 8–12 teaching modules for practicing physicians and nurses, built and taught by local staff with HHI support will be implemented and become a requirement to work in emergency areas. An assessment of disaster risks and emergency metrics will be conducted concomitantly. Exchange of staff between Brazil and USA will occur throughout the project.

Conclusion: No standard model of collaboration exists regarding international emergency medicine and disaster planning but ours demonstrates that exchange of information can evolve to match the abilities and expectations of both parties.

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(P1-46) A Model of Mass Casualty Management Education: The Prehospital Mass Casualty Exercise and Trauma Management Course

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Introduction: In this article, we aimed to share “the prehospital mass casualty exercise and trauma management course” which is performed at the 10th European Congress of Trauma & Emergency Surgery as a model.

Methods and Materials: The preparation, format, participant properties and the discussion of the course were evaluated.

Results: The course performed in 4 parts. On the first part, a panel discussion including opening, targets of course and a conference was performed. On the second part, the prehospital mass casualty exercise was performed. On the third part, the participants discussed in different 4 workshops. On the last part, basic discussion results were declared. At the mass casualty exercise, the scenario was adapted from bus bombing which was in Diyarbakir on 03.01.2010, 6 deaths, 96 wounded. Field and injury simulations were performed. We trained 15 paramedic volunteers to act as wounded patients. Moulage and make-ups were made due to previously defined injuries as in Diyarbakir. The victims were placed in simulated maneuvers field. Participants were accepted in five each groups to the maneuvers field and they were requested to manage the scene, triage, first aid. After the exercise, 4 workshops themed as Scene Medical Management, Ground and Air Evacuations, Preparedness of the E D's and Preparedness of the OR's, and ICU's were performed. The results of the workshops were presented at the last part.

Discussion and Conclusion: The participants expressed that observing and experiencing the chaos circumstances during the maneuvers are the most important things in scene management