

Branch; retrieval services; peripheral hospitals; pediatric hospital network; and NSW Public health units (state and district).

The scenario presented was an unwell patient with suspected VHF arriving at a peripheral hospital emergency department.

Discussion during the four-hour long exercise was facilitated with directed questions and injects, and was recorded. Recommendations and key learnings from the exercise and debrief provided opportunities to enhance current response assumptions.

Results: Forty-five people participated both face-to-face and virtually. Participant discussion showed increasing appreciation of patient presentations to any part of the NSW health system and available assistance. Recommendations included: enhanced access to NBC support with a direct “1-800 number”, coordination for communication, treatment, and transport, and if required, deployment of an NBC team to peripheral sites. Areas for future collaborative work were identified.

Conclusion: This exercise successfully achieved collaboration of key stakeholders to develop an updated, comprehensive and robust plan for management of HCID patients within NSW, regardless of their presentation site. It has created an opportunity to brainstorm and optimize how the NBC can interact with other agencies to maximize the NSW HCID response.

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Timely Teaching for the Time Poor

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Introduction: Australian Standard 4080-2010 Planning for Emergencies in Health Care Facilities outlines the requirements for all health care facilities to have procedures in place to respond to internal and external emergencies. These procedures must include mechanisms to activate emergency response systems, and staff should be trained and familiar with these procedures.

Method: To guide staff, Emergency Procedures Flip Charts have been developed and strategically placed throughout facilities. These Flip Charts address immediate actions for staff to follow, including notification and escalation via an internal emergency number.

Specific training has been developed for identified key staff, such as Fire Wardens, but for the general staff the training in Emergency Codes is generic and does not provide scope for staff to contextualize response actions in relation to their department and its nuances.

A survey of staff across all disciplines was conducted which identified knowledge gaps in the immediate response requirements for the different Emergency Codes. To address this knowledge gap, and to ensure staff have an increased understanding of the response expectations relevant to their department, the Six Minute Intensive Training (SMIT) Tools have been developed. These tools can be delivered by any staff member in any forum, such as safety huddles, handover, in-services and toolbox talks.

Results: A survey was conducted three months after their implementation which identified an increased understanding of response requirements. This result, combined with After Action Reviews from actual responses, highlighted an increased knowledge of the Emergency Codes and response actions. It also identified areas to improve delivery using localized examples.

Conclusion: The introduction of the SMITs is a successful first step for increasing staff knowledge and responses to Emergency Codes. The opportunity for staff to deliver these SMITs within their own departments provided an avenue to contextualize responses to local practices and nuances.

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Implementation and Evaluation of the WHO Basic Emergency Care Course in Rwanda

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Introduction: Improving access to emergency health services can reduce morbidity and mortality for patients with acute emergent conditions. The WHO and ICRC developed the Basic Emergency Care course to train frontline providers in a systematic approach to common and treatable life-threatening conditions. This study aims to evaluate the knowledge retention of Rwandan emergency care providers after implementation of this course.

Method: A prospective, quasi-experimental, nonrandomized study was conducted at the University Teaching Hospital of Kigali (CHUK) in Rwanda. A formal survey was conducted to understand the current composition and training of Rwandan emergency care providers. Baseline and post-course assessments of knowledge were collected via an existing 25 multiple choice question survey tool which is an already established part of the BEC curriculum. Forty providers who care for patients with acute emergent illness were included. Data collected included age, gender, preferred language, as well as information about professional background, knowledge and skills. Providers with both baseline and post-test results were included in the analysis (n=40).

Results: Of the 40 Rwandan providers, 47.5% (n=19) male and 52.5% (n=21) female, 26 were nurses, six were doctors, six were prehospital providers, one was both a prehospital provider and nurse, and one was a midwife. The mean age was 36.3. Out of 25, the mean baseline score was 17.8 (SD=3.2) and this significantly increased to a mean posttest score of 21.9 (SD=2.4). 85% (n=34) of providers' knowledge improved, 2.5% (n=1) of provider's knowledge stayed the same, and 12.5% (n=5) of providers' knowledge decreased. The difference between the pre and post-test scores was found to be statistically significant, 4.1 (SD=3.4), (P<0.0001).



Conclusion: This study demonstrated that implementing the BEC course has significantly improved the emergency provider knowledge base. Further studies are needed to demonstrate the impact of BEC training on patient care and morbidity/mortality outcomes.

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A Blended Learning Approach to Emergency Airway Training in a Low Resource Environment

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Introduction: Global Emergency Care Skills (GECS) is a charity which delivers medical training to health care professionals in low and middle income countries. Teaching airway management both didactically and through simulation training is a key component of the GECS Emergencies and Trauma Course. In 2022, a team of doctors delivered an intensive, five-day teaching course with a strong emphasis on airway management and airway emergencies at St. Joseph's Nyabondo Mission Hospital in rural Kenya. This course was delivered to a group of doctors, nurses and clinical officers. At the conclusion of this course we collected qualitative feedback from course participants. The aim of this study was to assess airway knowledge and skills acquisition, as well as real-world application and potential for ongoing teaching of acquired airway skills.

Method: A questionnaire was distributed to course participants to ascertain their experience of didactic airway teaching, airway skills stations, and airway simulation. Each question offered a binary response. To continue to enhance course content, we invited participants to submit qualitative feedback at the end of the questionnaire.

Results: Questionnaires were returned by 19 of a total 24 participants. 53% were registered nurses, 21% were clinical officers, 5% were medical officers and 21% did not respond to this question. Median post graduate clinical experience was four years (2.75–5.25). 37% indicated that they had not heard of simulation training for medical education before undertaking this course. 58% had no previous airway training although 63% had prior exposure to clinical situations which required emergency airway management. 100% reported feeling more confident in their airway skills and potential for training colleagues following this course.

Conclusion: The results indicate that participants gained knowledge, skills, and confidence when approaching airway emergencies. Furthermore, results showed increased perceived competence by participants at providing airway training to colleagues.

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Reporting Safely in Crisis Zones: Medical First Response for Journalists and Filmmakers

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Introduction: Journalists work in dangerous places. In recent years, the risk of illness and injury while reporting has increased, whether in the setting of conflict, protest, extreme weather, or environmental disaster. Journalists are targeted more than ever before. Working safely in remote and dangerous settings, especially without the protection of a large organization, requires a wide range of skills related to safety and security. For several years, the Dart Center for Journalism and Trauma at Columbia University has offered brief, intensive courses focused on personal safety, self defense, cyber-security and medical skills for freelance journalists working in dangerous settings.

Method: We re-conceptualized the medical first responder portion of the Dart Center's "Reporting from Crisis Zones" course to emphasize basic skills related to acute injury and illness, from trauma resuscitation (e.g. hemorrhage control) to environmental exposure and medical illness. We identified the most common medical concerns that these learners might encounter and incorporated feedback from prior courses to develop a one-day curriculum meant to address the most pressing needs of incidental first responders with minimal medical training, and whose primary mission is not providing medical care to others.

Results: The resulting 8–10 hour curriculum focuses on hemorrhage control, basic airway and respiratory maneuvers and wound care, with additional focus on medical illness, indications for evacuation, and communication and prevention techniques. The re-structured curriculum was first offered in Spring 2022. Feedback from learners was positive.

Conclusion: Basic first responder skills are critical for journalists working in dangerous settings, who represent a unique population of learners with specific needs and objectives. Next steps include developing a better understanding of the medical and traumatic problems truly encountered by this population in the field, assessing the long-term educational impact of the course, and developing ongoing opportunities to reinforce learning via online resources, refresher sessions, and guideline development.

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Evaluating the Educational Effectiveness of Hospital Healthcare Providers after Chemical Mass Casualty Response Training Program

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