

emerging infection like Ebola in Iran. So we decided to design and conduct a study with the aim of evaluating the preparation level of EMS, Iran's counter to Ebola hemorrhagic fever.

Background: The public health personnel in different countries need to be ready in case they find themselves facing a biological threat. Being prepared to face these threats is extremely important, and the Emergency Medical Services (EMS) are the first organizations that act and interfere with these threats.

Methods: The present study is cross-sectional and somewhat descriptive. We used a standard questionnaire that was designed by the Center for Disease Control and Prevention. This questionnaire was captioned "Emergency Medical Services (EMS) Checklist for Ebola Preparedness." We collected a lot of data by studying that questionnaire, and every manager in every province of Iran were informed about this information in 2016. These data were analyzed by using SSPP software, version 16.

Results: Findings have showed that the average score related to the preparation level of EMS in facing Ebola in Iran was 63/73 (SD = 12/77) percent.

Conclusion: The acquired average score in this study is higher than standards, considering the increased threat of the breakout of biologic threats, especially Ebola infection. Using and practicing these measures in order to enhance the preparation level of Emergency Medical Services counter infection and similar infectious diseases is inevitable.

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Harmony in Emergency Departments

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Study/Objective: Emergency Departments (ED) are becoming more crowded with less arrangements. Without harmony, it can cause lot of problems in EDs throughout the world, in

developing and undeveloped countries, for a multitude reasons, including an increase in patient volume, lack of equipment, specialists and so on.

Background: Crowding and overcrowding in EDs has been an important topic in the hospital systems for many years. Every country makes special rules and policies for emergency care delivery, and every hospital has one. EDs are the first place where Patinas go if they have serious conditions, without making appointments, thinking they have easier access.

Methods: Study of some emergency departments in some countries for a few years. Joining emergency management experts in clinical, administrative, education, and policy planning. Critical Pathway Guidelines. Process mapping. Checklist.

Results: Because of this experience, there is no harmony in the EDs that I have visited, many of them closely. I see departments full of patients and staff, narrow hallways were full of extra beds and equipment, next to the patient's bed were one or two people (relatives, friends, sometime with children) what's going on in there? Some patients have a serious situation and need special care. Some of the clients don't need special care, but they are in the emergency room with their family, waiting. Sometimes the emergency room looks like a clinic, people come over looking for simple medical treatment.

Conclusion: Leadership is an essential component of management in Emergency Department and critical situations. Have strong knowledge about structure, policies, networking, capacity, and priorities. Have a general policy for local county EDs. Have knowledge of emergency hospital networking. Have a smart Emergency Department. Several measures have been developed to better quantify and make safety a priority, to having a Harmonious Emergency Department. Those are presented in the main article.

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