

manage risk alone. They form an integral part of a coordinated and collaborative effort between civil society, the private sector and government that works best where there are established structures and systems in place, and partnerships built on trust that have been forged before a crisis strikes.

Methods: Case study.

Results: Communities are central to epidemic and pandemic preparedness.

Conclusion: Global and national public health expertise must recognize this role and work toward how engagement with communities and civil society, can become central to their preparedness and response efforts. Through the presentation of several case studies from the Red Cross and Red Crescent movement, best practice and opportunities for improvement will be showcased. Case studies from a variety of contexts will show how it is possible to include joint planning and implementation, moving beyond risk communication to effective two-way participation, ensuring public health response is understood by, and designed for, the communities they serve in acute and recovery phases.

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The National Health Security Strategy and Implementation

Plan: An Overview

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Study/Objective: The purpose of this presentation is to provide an overview of the US Department of Health and Human Services' National Health Security Strategy (NHSS). The NHSS is a congressional mandate to achieve a health-secure and resilient nation by minimizing the health consequences of large-scale emergencies. The NHSS Implementation Plan (IP) which elaborates on activities that stakeholders might undertake to address the priorities of the NHSS will also be discussed.

Background: The 2015–2018 NHSS is a national strategy that envisions a nation that is secure and resilient in the face of diverse incidents with health consequences. The goal of the NHSS is to strengthen and sustain communities' abilities to prevent, protect against, mitigate the effects of, respond to, and recover from incidents with negative health consequences. The IP serves as a framework to help guide the nation and facilitate collaboration and coordination among stakeholders to advance national health security.

Methods: The presentation will provide an overview of the NHSS and the accompanying IP. The five objectives of the NHSS include: (1) build and sustain healthy, resilient communities; (2) enhance the national capability to produce and effectively use both medical countermeasures and non-pharmaceutical interventions; (3) ensure comprehensive health situational awareness to support decision making before incidents and during response and recovery operations; (4) enhance the integration and effectiveness of the public health, health care, and emergency management systems; and (5) strengthen global health security.

Results: Strategic outreach and engagement like this will play a major role in socializing national health security and motivating stakeholders to take actions that address NHSS objectives.

Conclusion: Achieving the goal of preparing for, and responding to, large-scale health consequences will require a willingness to engage a broad array of stakeholders in an on-going collective ability to recognize, confront, and resolve existing and emerging threats to domestic health.

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Feasibility of the Novel Combination of Influenza Vaccinations and Child Passenger Safety Seat Fittings in the Drive-Thru Clinic Setting

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Study/Objective: We hypothesized that combining influenza vaccinations and child passenger seat fittings (CPSF) in a drive-thru clinic (DTC) format will be both feasible and desired by the community.

Background: Disaster medicine is an ever-evolving area of medicine with the purpose of helping the masses quickly and efficiently. The drive-thru clinic (DTC) model is a disaster tool that allows distribution of supplies or services while participants remain in their automobiles. Influenza vaccination is the most commonly utilized form of the DTC and has been utilized in metropolitan areas successfully as a single service.

Methods: Each automobile's driver was verbally surveyed at each station of the DTC. The survey content involved satisfaction and background health habits.

Results: In our inaugural combined service, five hour-long DTC there were 86 automobiles served that contained 161 children, of which 28 also participated in CPSF. Each CPSF station required one extra worker in comparison to the traditional DTC influenza model. The median total clinic time was 9:00 (IQR 6:00, 14:00) minutes. For those who only received influenza vaccines, the median total clinic time was 7:30 (IQR 6:00, 10:00) minutes. For those who received both services, the median total clinic time was 27:00 (IQR 22:20, 33:30) minutes with an average of 1.75 CPSFs per automobile.

Conclusion: This was a pilot study involving multiple services in the DTC model and is the first of its kind in the literature. Our clinic was successful in executing both services without sacrificing speed, convenience, or patient satisfaction. Additional studies are needed to further evaluate the efficacy of the multiple service DTC.

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Epidemiology of Poisoning Patients Presenting to the Emergency Center of Princess Marina Hospital in

Gaborone, Botswana

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Study/Objective: The objective of this study was to conduct a retrospective observational audit of medical toxicologic cases presenting to Princess Marina Hospital (PMH) in Gaborone, Botswana.

Background: The burden of disease, secondary to toxicologic insults in Africa is difficult to assess. No reliable epidemiological data exists due to poor documentation, scarce resources for reporting, and diagnostic challenges. Only 10 of 58 African countries have Poison Control Centers to direct care and compile epidemiologic data. Botswana currently does not have a poison control center.

Methods: A database was created to record anonymous data on all patients with toxicologic insults presenting to the Emergency Department (ED) at PMH from January 1, 2016 to June 30, 2016. The de-identified variables extracted from patient files included age, date of presentation, sex, comorbidities, vital signs, treatment received, disposition, HIV status, and severity assessment using the Acute Physiologic and Chronic Health Evaluation II (APACHE II) and Poisons Severity Score (PSS).

Results: In total, toxicologic complaints comprised about 2% of patients presenting to the ED at PMH during this time period. The most common complaints were paraffin, paracetamol, ibuprofen poisonings, scorpion and snake bites. The percentage of female toxicology patients varied proportionately with age with 38% female from age 0-15 to 67% from age 16-55. The percentage of poisonings that were intentional also increased with age with 6% intentional between ages 0-15 to 83% between ages 16-55. The route of exposure was overwhelming oral (86%) and approximately 60% of patients were admitted to the hospital for further monitoring.

Conclusion: This descriptive study is important for directing the allocation of resources towards medical toxicology, prevention campaigns, patient and medical education, and clinical guideline development, with the goal of ultimately improving patient outcomes. This study is also important in furthering the field of clinical toxicology research.

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Integral Care to Ground Transportation Accident Victims Attributed by Hospital Emergency Nurses

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Study/Objective: Qualitative research Objective: Understanding, from the nurses' perspective, the meaning of the integral care to the ground transportation accident victims.

Background: The integral care to the ground transportation accident victims does not restrict itself to the usage of therapeutic resources, it involves social and technical conditions. Presents deep roots in the social, economic and political structures.

Methods: It's a qualitative research supported on the presupposed of the Grounded Theory was adopted and as a theoretical reference to the Integrality in Health. The data were collected from June to September 2015 through semi-structured interview with 36 health professionals from the emergency sector of a public hospital in Santa Catarina.

Results: The analysis of the data has resulted in the central category: Promoting the integrality in the attendance to the ground transportation accident victims. The nurses have expressed the dimension of the integral care in an assistance model centered in the offer of services that attend partially the citizens' necessities. The participants realize that as inerrant difficulties: the non-restrict access; the lack of intersectoral articulation, bad conditions of work, excess of patients; having critical patients next to stable ones; scarcity of resources; overload in the team; young professionals with a few clinical backgrounds and the non-continuity of the care.

Conclusion: It's indispensable that the actions of these professionals transcend the hospital environment. For this, there is the necessity of interlocution among the services, visualizing thus the materialization of the Health Attention Nets, which are the primary cares, the specialized attention (outpatient and inpatient) and urgency and emergency care. The study points to the necessity of structural reformulation in the care process and conceptual on the assistance to the victims of these accidents, which will reflect on the way of see and act of these professionals involved in this attendance.

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Context of the Care to the Ground Transportation Accident Victim in Hospital Emergency

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Study/Objective: Qualitative study, supported on the Grounded Theory and in the Health Unique System Integrality principle, which the goal was to understand how the integral care to the ground transportation accident victim is organized in a hospital emergency service.

Background: The performing of an integral care to the ground transportation accident victims does not restrict itself only to the usage of therapeutic resources, but it also involves social and technical conditions. This phenomenon presents deep roots in the social, economic, and political structures, as well as in the individual consciousness, in a dynamic relation among the involved people.