(KTAS) ≤ 3), 10 non-emergent patients (KTAS>4), 0.9 surgical patients and 0.7 unstable patients simultaneously in normal operating conditions. In extreme operating conditions, they replied they can treat average 26.4 emergency patients (KTAS ≤ 3), 54.3 non-emergent patients (KTAS>4), 37 surgical patients and 2.3 unstable patients simultaneously. The two hospitals (28.5%) had no alternative therapeutic spaces, no back-up plan to call non-duty medical staff and no contingency plan for stuff shortage. Three hospitals (42.9%) did not have decontamination equipment.

Discussion: The survey revealed the basic data for surge capacity planning in Seoul. Data from hospitals other than regional emergency medical centers should be collected for the completion of disaster plans.

Prehosp Disaster Med 2019;34(Suppl. 1):s158–s159
doi:10.1017/S1049023X19003583

Planning for the Use of Imaging in Mass Casualty Incidents

A/Prof. Deborah Starkey, Denise Elliott
ANZ Branch of International Association of Forensic Radiographers

Introduction: A mass casualty incident presents a challenging situation in any health care setting. The value of preparation and planning for mass casualty incidents has been widely reported in the literature. The benefit of imaging, in particular, forensic radiography, in these situations is also reported. Despite this, the inclusion of detailed planning on the use of forensic radiography is an observed gap in disaster preparedness documentation.

Aim: To identify the role of forensic radiography in mass casualty incidents and to explore the degree of inclusion of forensic radiography in publicly available disaster planning documents.

Methods: An extended literature review was undertaken to identify examples of forensic radiography in mass casualty incidents, and to determine the degree of inclusion of forensic radiography in publicly available disaster planning documents. Where included, the activity undertaken by forensic radiography was reviewed in relation to the detail of the planning information.

Results: Limited results were identified of disaster planning documents containing detail of the role or planned activity for forensic radiography.

Discussion: While published accounts of situation debriefing and lessons learned from past mass casualty incidents provide evidence for integration into future planning activities, limited reports were identified with the inclusion of forensic radiography. This presentation provides an overview of the roles of forensic radiography in mass casualty incidents. The specific inclusion of planning for the use of imaging in mass fatality incidents is recommended.

Prehosp Disaster Med 2019;34(Suppl. 1):s159
doi:10.1017/S1049023X19003595

Practicing What You Preach

Dr. Mario Raviiolo[2], Dr. Eli Jaffe[1], Mr. Raphael Herbst[1]
1. Magen David Adom, Tel Aviv, Israel
2. DISASTER MEDICINE SERVICE ITALY · PREHOSPITAL EMERGENCY, Torino, Italy

Introduction: During a mass casualty incident (MCI) seminar in Rome, Italy a survey was used to gauge the self-efficacy and confidence of the participants in managing an MCI. Following the course, a follow-up presentation was held by the Torino EMS Medical Director to evaluate and debrief the Torino Railway incident that occurred one day prior. Students partook in a seminar on MCI management, as well as a debriefing of the Turin Railway accident in which they evaluated the skills used by teams on the scene to manage the incident.

Methods: Medical students partook in a seminar to learn to manage an MCI scene, as well as a debriefing of the Turin Railway accident. Following both seminars, the students were given a survey to assess their sense of self-confidence in managing such a situation.

Results: The mean level of self-efficacy prior to the MCI training (M=3.43, SD+0.42) increased after the training (M=3.71, SD+0.37) and remained at the same higher level (M=3.71, SD+0.51) after the medical students were exposed to the details of the Turin train accident. The overall difference between the mean self-efficacy scores in the three time frames was not found to be significant. The mean level of confidence in managing MCIs prior to the training (M=2.83; SD+0.89) increased after the training (M=3.56; SD+0.53) and remained higher following the presentation of the Turin train accident, despite a slight decrease (M=3.52, SD+0.63).

Discussion: The participants' surveys showed an increase in their self-efficacy and confidence following the course and follow-up presentation. It is our professional recommendation that real-life events be used in such seminars to increase self-efficacy and confidence. The topic will continue to be evaluated further.

Prehosp Disaster Med 2019;34(Suppl. 1):s159
doi:10.1017/S1049023X19003601

Preparing for Disaster: Behind the Scenes of Maintaining and Deploying an Emergency Medical Team . . . Equipped. Prepared. Ready.

Mr. Matthew Schobben, Mrs. Inda Acharya,
Mrs. Dinorah Caeiro Alves, Mr. Juno Eadie,
Mrs. Melanie Morrow, Mrs. Abigail Trewin, Ms Hollie Sekulich
National Critical Care and Trauma Response Centre, Woolner, Australia

Introduction: Deploying an EMT to respond to a sudden onset disaster entails significant operational activities and support back home to deploy and support a responding team. These activities also include peacetime operations, exercising, innovation, engagement, training, and development of both team members and operational staff to further knowledge and experience.

Aim: To exhibit the operational activities and complexities of maintaining a deployable cache of equipment and consumables for deploying a self-sustaining Emergency Medical Team (EMT). This includes the elements of managing a high-performance team, human resource management ensuring the readiness of personnel to rapidly respond, maintaining World Health Organization (WHO) international standards for