

management and rescue efforts during disasters. Local municipalities have their own emergency response centers. Major shortages within healthcare systems for disaster preparedness were described as lack of investment on building infrastructure, and deficiency of preparedness levels of the health care workers. MOH provided hospital disaster plan templates and materials for healthcare facilities. Hospital administrations are required to follow this plan and improve facility resiliency. Investments were planned for improving healthcare facility infrastructures.

Conclusion: With increased terror since 2013, we have emphasized the importance of a developed all hazards approach for healthcare systems. Quality and practicality of hospital disaster plans, and readiness levels of the healthcare facilities and their workers needs further research. A national disaster plan should be revised with an all hazards approach, addressing healthcare readiness problems, including infrastructure issues and training deficiencies of healthcare workers.

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Developing a Context Appropriate Emergency Department Disaster Preparedness Protocol in Black Lion Hospital,

Addis Ababa, Ethiopia

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Study/Objective: The objective of this project was to create a disaster preparedness protocol for the emergency department of Black Lion Hospital.

Background: Emergency medicine is new to Ethiopia. Disaster preparedness is one of the integral parts of emergency medicine. The objective of this project was to create a disaster preparedness protocol for the emergency department of Black Lion Hospital.

Methods: A draft of a context appropriate disaster preparedness protocol was prepared by one of the investigators. This was modified and edited by the team of investigators. This was then presented to different stakeholders for discussion and modification. The final version was prepared and tested by a disaster drill.

Results: The hospital was recognized for its preparedness and response during the disaster drill by the Federal Ministry of Health. There were good reviews and overall good team organization. The protocol was adopted in the emergency room.

Conclusion: Disaster preparedness protocols should be context appropriate. It is important to mobilize and involve different professionals for a better result.

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Facilitating Decision Making During Disasters to Ensure Continuity of Home-Care Services to Vulnerable Populations during Disasters

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Study/Objective: To present contribution of a comprehensive computerized system to decision making and provision of medical care during disasters.

Background: During disasters, the health care systems are required to ensure provision of medical services to vulnerable populations that require designated medical community services or home care. In order to facilitate provision of medical care to the vulnerable population, and ensure efficient management of all resources, information systems and defined standard operating procedures (SOPs) are needed to ensure full control and monitoring of all patients.

Methods: In order to ensure continuity of community and home care, “Meuhedet,” an HMO which insures 1,200,000 patients, developed a comprehensive information system which includes a database concerning patients, infrastructure, and personnel as a unique management tool. The GIS-based system enables us to identify the location and current status of patients and providers at all times. SOPs were developed to guide medical and management teams in their use of the system.

Results: The information system is user-friendly, accessible to all relevant providers, and enables access to data on insured population in real-time. The computerized system serves as a management and control tool, used by the national administration to control and monitor activities during crisis, as well as a vital tool for physicians deployed to provide home care. The data concerning each patient can be accessed, processed, and integrated as part of the treatment in any location in which medical care is being provided.

Conclusion: Provision of effective medical care to patients requiring home care requires access to information concerning medical backgrounds and needs. The creation of a comprehensive information system, in tandem with organizational SOPs, facilitates decision making and improves ability of primary care health care workers to provide efficient and continuous medical care in the community.

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Provision of Primary Care Services to Civilian Populations following their Evacuation During Crisis

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Study/Objective: To ensure provision of primary care services to civilian populations following evacuation during crisis.

Background: At various crises, Populations under risk may need to be evacuated to alternate locations. Health Maintenance Organizations (HMOs) are responsible to ensure continuous provision of primary care services to those populations, which includes diverse groups of patients with an array of medical needs, ages, cultural, and religious backgrounds. Designated information systems and defined standard operating procedures (SOPs) are needed to ensure functional continuity and provision of services during crisis.

Methods: To ensure continuity of services to evacuated populations, “Meuhedet,” the 3rd largest HMO in Israel,

developed a comprehensive management system which includes a database concerning patients, infrastructure, and personnel. "Meuhedet" also prepared the expansion of clinics' opening hours, personnel, and identified alternative sites for service provision. A computerized toolbox was developed that enables provision of primary care during disasters, to individuals not insured by the HMO. SOPs were developed to guide medical and management teams in using the system, and caregivers' documentation sets were prepared for electronic/manual documentation of care given.

Results: The computerized system is used by national, regional, and local administrations to control and monitor activities during crisis, as well as a vital toolbox for physicians and other health professionals to provide care for evacuated populations. Data concerning each patient and staff member can be accessed from every work site via internet connection, processed, and integrated as part of the treatment in any location in which medical care is being provided.

Conclusion: Provision of effective medical care to evacuated populations requires access to information concerning the medical backgrounds and needs of the patients. The creation of a comprehensive information system in tandem with organizational SOPs, facilitates decision making, and improves the ability of primary care health care workers to provide efficient and continuous medical care to displaced populations.

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An Overview of Emergency Medicine Services within the National Park Service: Highlights and Selected Case Studies *Lily Hitchner¹, Geoff Stroh¹, Anthony Rodigin²*

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Study/Objective: The National Park Service (NPS) has provided Emergency Medical Services (EMS) to park visitors since its inception one hundred years ago. Each year, this amounts to approximately 15,000 patients spread over 84 million acres in 50 states, the District of Columbia, and US territories. EMS training for park rangers has evolved from simple first aid to the formal Parkmedic program initiated in 1978. This program takes EMT level providers to the Advanced EMT (AEMT)/Parkmedic level with an expanded Scope of Practice (SOP), specifically tailored to the unique situations in the NPS. The University of California, San Francisco-Fresno (UCSF Fresno) has provided EMS oversight to the Parkmedic program since its foundation, and serves as National EMS medical advisors to the NPS. Parkmedic level providers have an expanded SOP including drug administration and procedures that are uniquely tailored to NPS needs. To achieve this designation, an EMT must attend a 6-week course at UCSF Fresno. At the end of this course, they achieve an NPS Parkmedic and AEMT certification. To maintain Parkmedic certification, these providers must attend 72 hours of Continuous Education (CE) every two years. Continuous Quality Improvement is integral to the Parkmedic system. Some Parkmedic rangers will see less than ten patients in an entire season. In many parks, it is possible to review 100% of the EMS patient encounters to provide remediation, continuing education, and address system improvement issues. This poster presentation summarizes the NPS EMS system and provides an overview of continuing education, operations, and continuous quality improvement. Specific case studies will highlight the unique challenges that NPS EMS providers face, and how the NPS and Parkmedic program have adapted the SOP to address these challenges.

Background: See Study/Objective.

Methods: See Study/Objective.

Results: See Study/Objective.

Conclusion: See Study/Objective

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