

(CAR), in a context of a weak, safe water supply system (less than 55% people in rural areas in 2015), and a poor sanitation system (7% people in rural areas), as well as a weak capacity to deliver health services. The outbreak reached the capital city exposing 1.7 million people and 243,000 Internally Displaced Persons (IDPs). A strong multi-sectoral coordination was set up.

**Methods:** A case study on a field experience.

**Results:** Twenty deaths and 265 persons were notified as the result of the cholera outbreak from week 27 to 37. Three levels of coordination:

The Public Health Emergency Operation Center (COUSP) where a technical strategic coordination was taking place to define and implement the response plan. Within the COUSP different experts, decision makers and support teams were analyzing the situation and organizing means for the response, including the rapid response teams, community engagement and communication to stop the spread.

Taskforce cholera is made up of different humanitarian relevant cluster partners (Health, WASH, Camp management, Food Security/nutrition, education and logistic), and implementing technical advices from the COUSP including case investigation and management.

The Outbreak multi-sectoral committee that involves national relevant ministerial departments to ensure joint interventions.

**Conclusion:** A strong technical and operational coordination contributed to mobilizing all available resources, and guide the response in order to win the race against cholera and avoid further risk to about 1.7 million. This experience should guide future responses to disease outbreaks.

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### Developing Smart Practices for Prehospital Field Staff in Situations of Insecurity through Knowledge Co-Construction

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**Study/Objective:** The Community of Action for Ambulance and Prehospital Emergency Care Providers in Risk Situations is a network of experts and other relevant actors, committed to improving the operational security in situations of insecurity, in order to better access people in need of emergency medical assistance. There is a lack of high-quality case studies that document the experience and practice of prehospital care. The Community of Action requires effective tools to build its network, develop high-quality knowledge, and foster learning between its members.

**Background:** Almost irrespective of the country or the services, prehospital care providers risk being exposed to violence and/or the threat of violence. The extent and frequency of the violence will vary, but threats, insults and physical attacks are a reality for ambulance and prehospital personnel even in the most peaceful contexts. Considering the serious consequences of such violence, there has been very little research done on this problem, and the

solutions that have been developed to address it. Therefore, it is challenging to advocate for change and help the providers to safely deliver on-the-job that they are mandated to do.

**Methods:** A 4-week digital course using Scholar - a system for learning through knowledge co-construction, was developed in partnership with the Geneva Learning Foundation.

**Results:** Each participant developed a draft case study, then peer reviewed the drafts of three of their colleagues, and finally revised their initial draft using the feedback from their peers. Through the four weeks, participants engaged in a private, shared space for dialogue.

**Conclusion:** The Scholar process, based on peer review that models how prehospital practitioners solve problems, learn and collaborate, produces an immediate benefit for those involved as both authors and reviewers; quality; strengthened professional relationships that outlast the process and productive diversity.

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### Teaching Public Health in Disasters using Massive Open Online Course and Building the Global Humanitarian Response Community

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**Study/Objective:** To reveal the spatial and temporal pattern of student enrollment in the Public Health Principles in Disaster and Medical Humanitarian Response (PHPID), Massive Open Online Course (MOOC), and to examine the degree to which socio-demographic variables can predict the course achievement.

**Background:** The first cohort of the PHPID online course was launched by Collaborating Centre for Oxford University and CUHK for Disaster and Medical Humanitarian Response in June 2014. This online course aims to enable students to gain insight and theoretical understanding of the public health issues related to disaster and medical humanitarian relief in the Asia Pacific region, through making lessons learned from previous disasters.

**Methods:** This study collected registration data from the four completed cohorts during June 2014 to May 2016. The registration data consists of participants' socio-demographic factors, residential location, related experience in disaster response, reason of taking, and the channel of 'first hear' the course. Descriptive and multiple logistic regressions were conducted via SPSS.

**Results:** In total, 3,457 participants, from 150+ different countries, registered in the PHPID Model platform; 711 completed and obtained certificates, and 510 left contact information for further collaboration. The most 10 frequently reported countries of origin were consistent with natural disaster hotspots. The first month of each cohort was a peak period of new registrations. Generally, men were 27% more intent to complete the course (OR = 1.268, 95%CI: 1.068-1.505). Moreover, the participants, who have achieved the