

collectively in systems has been found to focus improvement efforts in the audit cycle. The second Irish report on Major Trauma Audit (MTA) was published in December 2017. The median age of trauma patients in Ireland was 59, indicating an aging trauma population. 28% of patients required secondary transfer to complete their care. The mortality rate for 2016 was only 4%.

**Aim:** To determine the ability of a road-based EMS system to bring patients from areas of Wexford County to proposed receiving centers within 60-90 minutes.

**Methods:** Analysis took population centers in Wexford County, used Google Maps to estimate travel times at 3pm on a weekday, and proposed new trauma units and centers in Dublin, Cork, and Waterford.

**Results:** In Wexford County urban centers, >95% of patients will not reach a trauma unit in less than 60 minutes with current prehospital medical service capabilities. This even excludes response/on-scene time by prehospital practitioners in land-based EMS vehicles.

**Discussion:** The proposed introduction of trauma bypass systems in Ireland should not disenfranchise patients with respect to the standards they are currently receiving. Gap analysis suggests considerable work is required within the ambulance service to increase critical skill levels of paramedics to support critical patients in the golden hour of their transfer. An increase in vehicles/resources will be required to ensure adequate staffing to meet Health Information and Quality Authority (HIQA) targets of 8 and 19 minutes for response acuity, and for longer durations of transport allied to dynamic resource deployment model as used by National Emergency Operations Centre (NEOC). Unintended consequences of system changes will need to be monitored carefully to avoid further adversely impacting recruitment of staff to bypassed Model 3 hospitals.

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### Confusion, Chaos, and Bridging the Gap: A Prospective Study Gauging Disaster Triage Methodologies and Usage Across First Responder Professions

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**Introduction:** Disasters are unique in that they impact all socioeconomic, class, and social divides. They are complex, hard to conceptualize and operationally define, and occur sporadically without warning. However, regardless of each disaster's innate unpredictability, there is one common need that directly impacts patient morbidity and mortality: effective triage.

**Aim:** Currently the United States has no uniform triage mandate. The purpose of this study is to gather descriptive data on the type of mass-casualty triage currently being utilized by first responders (Emergency Medical Services/Fire/Nurses) and improve our understanding regarding the prevalence of mass casualty triage.

**Methods:** A descriptive mixed methods survey is being distributed to first responders/nurses in the Appalachian region. This survey collects respondents' demographics, profession, and MCI

triage data. Data will be analyzed and descriptive statistics will be generated. GIS will be utilized to graph findings and visualize local and national trends.

**Results:** Results of this study are pending.

**Discussion:** Organizations have addressed the need for a standard triage protocol, even going so far as to create uniform criteria which each triage system should meet. However, the literature does not describe how individual professions train their members in disaster triage, or what triage is currently being utilized in each profession. Nurses and first-responders serve as linchpins in many communities. They remain in a community, both before, during, and after a mass casualty event, but they do not perform in a vacuum. During an MCI (mass-casualty incident) their scope of practice may vary, but they have common foci: the affected community. A better understanding of the type of MCI triage that each profession is using is vital in understanding how triage is being applied, and vital in identifying gaps in application that may impact the effectiveness of field triage, and affect local and national policy, practice, and future research.

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### Construction of an Operational Protocol for Multiple Victims and Disasters in Southern Brazil

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**Introduction:** Unpredictable events, such as disasters, can change the organizational configuration of health facilities. In a situation of multiple victims, this scenario modifies the flow of care to adapt to the reality that is there. In addition, emergency and emergency units provide immediate care to maintain and preserve the lives of these victims, making it a challenge for all health professionals.

**Aim:** To construct an Operational Protocol for nursing care with multiple victims and disasters in a Hospital Emergency and Emergency Service.

**Methods:** We used a descriptive study with a qualitative approach using the Focal Group technique (GF). The participants included nursing staff and residents who work in the emergency and emergency unit in a hospital in the south of Brazil. The topics from the GF discussion were analyzed by the scientific content of Minayo (2013).

**Results:** The operational assistance protocol for multiple victims and disasters was planned with a redistribution of materials, equipment, human resources of the service, and physical restructuring of the service and other units with the construction of a flow chart to meet the proposed demand.

**Discussion:** In the study, we observed the importance of discussing and planning proposals for care with multiple victims. In addition, the interest of the participants was fundamental to the success of this protocol. This protocol serves as an incentive for nursing professionals and academics for future research that evaluates the effectiveness of using nursing competencies to assist multiple victims in emergency and disaster situations.

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