

2013 and started the global EMT classification, a quality assurance program for EMTs, in 2015. There are 16 classified EMTs in the world as of October 2018. The Association of Southeast Asian Nations (ASEAN) region is a disaster-prone area. Therefore, the need for EMTs is relatively high. However, there is no classified EMT in the ASEAN region. Factors that prevent the global classification of EMTs in the ASEAN region are unknown.

Aim: The objective of this study was to analyze the inhibitory factors of the global EMT classification in the ASEAN region.

Methods: A questionnaire survey was taken to the 10 national groups of ASEAN countries. Each group consisted of EMT-related personnel. They were 39 participants for the third AMS Training of the ARCH Project held in May 2018. 10 national groups were asked to answer whether governmental EMT of their country is able to meet the criteria for the EMT global classification. The criteria were written in the WHO-provided minimum standard self-assessment checklist for the Type 1 fixed EMT.

Results: Among 39 categories in the self-assessment checklist, 5 were the most difficult categories to meet the criteria: [Core Standards] Self-sufficiency, Sanitation, and Waste Management; Indemnity and Malpractice; [Technical Standards] Logistics; EMT Capacity.

Discussion: There are some limitations to the study. Non-governmental EMTs were not covered. Participants of the training were not at the official EMT focal point for the global EMT classification. Logistical requirements may be inhibitory factors of the global EMT classification in the ASEAN region.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s24–s25

doi:10.1017/S1049023X19000682

The Evaluation of the World Health Organization's Minimum Dataset in Disaster Health Management in the Association of Southeast Asian Nations

Ms. Sansana Limpaporn¹, Mr. Phumin Silapunt², Mr. Prasit Wuthisuthimetharwee³

1. National Institute for Emergency Medicine, Nonthaburi, Thailand
2. Chulabhorn Hospital, Bangkok, Thailand
3. Prince of Songkla University, Songkla, Thailand

Introduction: The Minimum Data Set (MDS) developed by the World Health Organization (WHO) has been widely used among medical practitioners in International Emergency Medical Team (I-EMT) as tools to collect health information and statistics in disaster health management. The I-EMT submits MDS to the Emergency Medical Team Coordination Cell (EMTCC) for the planning of responses. The Project for Strengthening the Association of Southeast Asian Nations (ASEAN) Regional Capacity on Disaster Health Management (ARCH Project) is the ASEAN's project that has applied MDS to its activities with the main purpose of strengthening informational management during a disaster.

Aim: The study aims to evaluate the performance of MDS after being utilized in the Regional Collaboration Drill (RCD) organized by the ARCH Project in July 2017.

Methods: The performance of MDS has been evaluated by ten International Emergency Medical Team (I-EMT) of ASEAN Member States who participated in the RCD.

Results: The assessment forms were returned by ten I-EMTs, and all respondents addressed several points for the revision of MDS (10/10), including the format and the content of the MDS. Concerning the format, respondents stated that the fonts are too small (3/10), and spaces for recording additional information are needed (3/10). On the other hand, the majority of respondents suggested that some of the contents within the MDS are still unclear or some terminologies are needed to be further clarified (6/10), especially with the referral form (5/10).

Discussion: The current version of the MDS utilized for the EMT coordination should be edited and revised for its optimal usage. Applying MDS to disaster simulation is an efficient approach to test its application.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s25

doi:10.1017/s1049023x19000694

International Disaster Medical Relief of China: Lessons and Practices

Dr. Peng Bibo

Military General Hospital of PLA, Beijing, China

Aim: This descriptive study explored barriers and difficulties faced by an international disaster relief team from China, which took part in two types of international disaster relief missions.

Methods: Data was collected since the founding of the Chinese international disaster relief team, including information on team composition, operational hours, and average number of patients rescued and treated by staff per day, etc.

Results: Overall, thirteen disaster relief missions utilizing the Chinese disaster relief team occurred in eight countries. All the operations were divided into two kinds of models: Urban Search and Rescue mission, and Emergency Medical service. The first model consisted of search, rescue, and emergency medical services on site. The ratio of medical staff on the team accounted for 18.8%. According to the six international health-based operations, the team was deployed ten days following the disaster, with an average working time of 17.8 days, and benefiting around 6,812 wounded and sick persons per operation. Compared with these two models, medical-based operations deployed more staff after the disaster and had a longer window of operation. The beneficiaries of medical-based operations are ten times greater than those of rescue-based operations. The differences are distinct.

Discussion: Missions will better meet the needs of international relief by enhancing organizational coordination among medical teams around the world, and by contributing to the communication between teams. They will further benefit from technical capacity building, regional coordination trainings, formatting the standard of teaming building, and evaluation of the work.

Prehosp. Disaster Med. 2019;34(Suppl. 1):s25

doi:10.1017/S1049023X19000700

Research on the Design of a Training Course for an International Emergency Medical Team

Dr. Hai Hu

West China Hospital, Chengdu, China