

learning due to differences of facilitators' capabilities. This study suggests a new style that combines interactive discussion not only with small but also large numbers of students.

Prehosp Disaster Med 2019;34(Suppl. 1):s145–s146

doi:10.1017/S1049023X19003236

Learning from Disasters: How Do We Share the Knowledge and Experience?

Dr. Sandra Richardson

Cdhb / University Of Otago, Christchurch, New Zealand

Introduction: Understanding the difficulties of sharing knowledge generated from disaster situations is essential to allow for a better process of disseminating the “lessons learned” from the ongoing natural and man-made situations which result in healthcare crises.

Aim: To explore nurses ways of gaining knowledge from previous experiences, with a particular focus on earthquakes and natural disasters in the New Zealand (NZ) setting.

Methods: Initial analysis of a series of individual, semi-structured interviews with a small group (n=10) of emergency department registered nurses from a range of geographical areas in NZ.

Results: While familiar with the major earthquake events that have recently affected different areas of NZ (most notably Canterbury, Kaikoura, and Wellington), few could recall detailed information or lessons generated from these events. When asked about the most effective means of learning about and from disasters, the direct experience was identified as the most effective, followed by narrative retelling and vicarious experience.

Discussion: Recognition of the value of “story-telling” in sharing information, and of the importance of offering experiences in a way that allows colleagues to experience or place themselves in the situation in a “virtual” sense is necessary for learning to occur. This involves an emotional as well as an intellectual connection to occur. There is a risk for knowledge to be lost, and lessons to be constantly “re-learned,” as each succeeding generation needs direct involvement to retain the information and insight generated. We need to tailor the medium by which this information is shared, for maximum effect.

Prehosp Disaster Med 2019;34(Suppl. 1):s146

doi:10.1017/S1049023X19003248

Let's Rock and Roll Baby! Strengthening Skills to Deliver Basic Obstetric Care in Sudden Onset Disasters

Ms. Kass Jane^{1,2}, Dr. Emma Lawrey³

1. Ministry of Health, Wellington, New Zealand
2. Victoria University of Wellington, Wellington, New Zealand
3. New Zealand Medical Assistance Team, New Zealand

Introduction: In 2017 the New Zealand Medical Assistance Team (NZMAT) were verified by the World Health Organization (WHO) as an Emergency Medical Team Type 1. During the verification process, the WHO highlighted the need for further NZMAT capability in the specialty areas of reproductive, sexual, and maternal health. The NZMAT

consists of doctors and nurses from many different clinical sub-specialties but with a predominance of emergency and rural medicine or general practice. Due to the subspecialist nature of hospital medicine in the New Zealand environment most GPs, emergency physicians, and nurses have very little exposure to normal labor and birth in their day-to-day work and limited exposure to obstetric complications.

Methods: To increase the knowledge and skill level of the NZMAT, a two day Basic Emergency Obstetric Care (BEOC) course was designed by Kass Jane, a midwifery educator, researcher, and member of NZMAT, in consultation with the NZMAT Clinical Director Emma Lawrey.

Results: This presentation will outline the curriculum design, the course delivery, and the feedback from participants on this inaugural BEOC for the NZMAT, as well as the findings of a post-course review and plans for further BEOC courses for NZMAT members.

Discussion: This presentation will address why courses of this type have value, especially where the delivery of basic obstetric care in a low technology or austere environment may translate into skills for other Australian clinicians wishing to work either in a humanitarian or developing world context.

Prehosp Disaster Med 2019;34(Suppl. 1):s146

doi:10.1017/S1049023X1900325X

Living Condition Relating to Social Isolation and Suicidal Thoughts Over 65 Years Old Living in Prefabricated Temporary Housing After the Great East Japan Earthquake (GEJE)

Dr. Kanako Masuno¹, Ms. Rika Ohtsuka², Ms. Kamada Nobuko³

1. Showa Women's University, Setagaya, Japan
2. Doctoral Institute for Evidence Based Policy, Tokyo, Japan
3. Natori City Council of Social Welfare, Natori, Japan

Introduction: The Great East Japan Earthquake (GEJE) and subsequent devastating tsunami struck the northeastern coast of Japan on March 11, 2011. According to the previous studies about displaced evacuees, increases in suicide rates and social isolation (especially among older adults) have been reported. However, the living condition of residents at prefabricated temporary housing after GEJE is unclear.

Aim: To explore potential factors which might relate to social isolation and suicidal thoughts among older adults by using a qualitative method.

Methods: Inclusion criteria for this study were older adults over 65 years living in prefabricated temporary housing since the GEJE. Data were collected by face-to-face-interviews with semi-structured questionnaire between October and December 2014. The protocol of this study was approved by the Ethics Board of the Tokyo Metropolitan Institute of Gerontology. This research was supported by the Ministry of Health, Labor, and Welfare of Japan (No.H25-iryuu-shitei-003).

Results: Twenty older adults participated in the study. Most of them had been engaged in agriculture or fishery and experienced the sudden loss of family members, friends, and property in the aftermath of the GEJE. Findings indicated that social connections formed through the collective construction of prefabricated temporary housing. The study found that individuals who had

less emotional and financial support experienced a greater feeling of sadness, social isolation, and suicidal thoughts. The study also suggested that people who live in temporary housing are strongly affected by economic insecurity and that it aggravates the risks for social isolation and psychological distress.

Discussion: Although there were limitations regarding standardization and compatibility, this research found that the qualitative method can obtain the data which the quantitative method cannot reach. Scale-up of universal guidelines including the knowledge from qualitative research and case report under the devastating disaster setting is anticipated for better evidence base for next coming disaster.

Prehosp Disaster Med 2019;34(Suppl. 1):s146–s147

doi:10.1017/S1049023X19003261

Low-Cost High-Efficiency Joint Training Program

Ms. Emmanuelle St-Arnaud

Urgences-santé, Montreal, Canada

Introduction: As the second largest metropolitan area in Canada, Montréal has its share of risks for disasters and major incidents. In such events, the interoperability of emergency services is critical to effective interventions. As the emergency medical service (EMS) for the cities of Montréal and Laval, the Urgences-santé Corporation (USC) has close ties with several emergency partners on the territory, including police and fire departments. These different organizations have joined forces to develop a tabletop exercise program (TEP) to train operational managers to initiate a better-coordinated response on joint interventions.

Aim: The TEP was designed to enhance interoperability in the field by improving communication and the understanding of the roles, responsibilities, methods of coordination and decision-making in each of the organizations involved. The aim is for all of USC's operational managers to participate in at least one exercise of the TEP within the first year of the program.

Methods: Selection criteria were established to gather, for each exercise, managers that are likely to work with one another on a real intervention. The TEP was also designed in such a way that its implementation would require few resources and yield minimal impact on regular operations.

Results: After four pilot exercises to fine-tune the approach, the program was launched on October 5, 2018. We have now run eight exercises, each involving one or more USC supervisor. The response has been very favorable from the participants as well as their directors.

Discussion: In the short term, the TEP helps managers understand their counterparts' key issues, and has already yielded improvements in our joint interventions. In the longer term, the program will help identify specific training needs to better equip responders.

Prehosp Disaster Med 2019;34(Suppl. 1):s147

doi:10.1017/S1049023X19003273

Low-Cost Tabletop Simulation for Disaster Triage

Dr. Joseph Bonney¹, Dr. Maxwell Osei-Ampofo^{1,2}, Prof. Ahmed Nuhu Zakaria²

1. Emergency Medicine, Komfo Anokye Teaching Hospital, Kumasi, Ghana
2. Paramedic & Emergency Care Training School, National Ambulance Service Ghana

Introduction: Disaster Medicine training in most parts of the world is done in a practical manner to allow users to practice the skills of triage and resource allocation.

Aim: To develop a low-cost tabletop simulation and measure its effectiveness from the user perspective.

Methods: A modified Delphi approach was used in developing a low-cost tabletop simulation exercise. Simple playing cards were used as patients with specific vitals and injuries. Two Hundred trainees of the National Ambulance Service were used to test the exercise. All the participants had an equal chance to triage a patient and arrange transport to an appropriate facility.

Results: All participants expressed their satisfaction in the design and implementation of the tabletop exercise. Over 90% showed interest in replicating the exercise in their respective setting due to the low-cost nature of the setup. During the exercise, 0% of the patients were triaged correctly, while 80% were transported from the scene in an orderly manner. All the participants agreed on the useful and educational value of the exercise.

Discussion: The use of a low-cost tabletop exercise in disaster medicine training is essential for low- and middle-income countries to promote education, and has been shown to be acceptable and feasible.

Prehosp Disaster Med 2019;34(Suppl. 1):s147

doi:10.1017/S1049023X19003285

Management of Dead in Mass Disasters: A Review of Sri Lankan Perspectives since 2004

Dr. Clifford Perera

Faculty of Medicine, University of Ruhuna, Galle, Sri Lanka

Introduction: Sri Lanka has experienced a multitude of natural and man-made disasters during the last five decades. Man-made destructions were common during the 30-year-long conflict period. Though the local system in the country was able to manage the dead in such circumstances, the South-Asian tsunami in 2004 highlighted the limitations and deficiencies of the system that was in place to handle the management of the dead during major disasters. Though the first Disaster Management Act was introduced in 2005, it has no mentioning regarding management of dead in mass disasters. Inappropriate handling of the dead could hinder the establishment of the identity of the dead, loss of valuable forensic evidence, and dignified burial. Hence, the families could experience difficulties in calming insurances and inheritance, resulting in economic hardships. In this backdrop, the forensic community strongly felt the necessity of stipulating best practices in managing dead.

Aim: To critically assess the measures taken to improve the standards of managing dead in mass disasters in Sri Lanka over the past 15 years.

Methods: The process of drafting guidelines for management of dead was initiated with a series of consultative meetings with the Disaster Preparedness and Response Unit of the Ministry of