

Background: AH was organized in March 1995 as a part of Central Airmobile Search-Rescue Team “Tsentros pas”, and it has 2 deployment variants. Also created was a system of air medical evacuations including aviation, air medical teams, specialized equipment (intensive care module, telemedicine, transport extracorporeal membrane oxygenation and special setups). Nikiforov Russian Center of Emergency and Radiation Medicine (Saint-Petersburg) is a multi-disciplinary medical-diagnostic, research-education institution within EMERCOM of Russia aimed at providing EMS at the prehospital stage.

Methods: Review the analytical method that was used for this study.

Results: AH can be delivered to emergency areas in air-landing and air-assaulting variants; it can provide EMS in autonomous mode in cases of a difficult access area and harsh climate. World Health Organization (WHO), International Certification Committee classified AH EMERCOM of Russia as FMT type 2 on May 19, 2016. For emergency medical response, EMERCOM has developed and is using an innovative means of personnel delivery and medical evacuation (mobile multifunctional medical-diagnostic unit, amphibious air-cushion craft with removable medical and fire-fighting modules, specialized resuscitation ambulance). Over the last 10 years AH provided EMS in Russia and other foreign countries (Serbia, Afghanistan, Iran, Sri-Lanka, Indonesia, Pakistan, China, Haiti and Chile) including therapy and pediatric care (over 9,000 people), traumatology (over 7,000 people), and surgeries under general anesthesia (over 600).

Conclusion: Both AH deployment variants has shown high efficiency depending on the situation. All possible forms of AH delivery to deployment areas were used. All specialized organic and non-organic formations of EMERCOM of Russia provided efficient EMS at the prehospital stage.

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A Consultation-based Study about Core Competencies of Emergency Medical Rescue Strength of the People’s Armed Police

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Study/Objective: To establish an evaluation system regarding the capability of emergency medical rescue strength of the People’s Armed Police (PAP).

Background: Over the past 30 years, various disasters happened in a significantly increasing frequency and intensity, and the tendency will continue in the future. In order to respond effectively to disasters and reduce damage, every country in the world has reinforced the research and practice of emergency medical rescue. As the leading strength to cope with emergency accidents, Chinese People’s Armed Police (PAP) participated in emergency rescue many times to cope with earthquake debris flow, floods, and other disasters. In response, emergency medical rescue detachments were established one-by-one in PAP. Lacking in consistent capability evaluation standards, the

capability of each detachment varies, which greatly influences the global construction pace of emergency rescue forces from PAP.

Methods: In view of the capability and quality of emergency medical rescue strength, the Delphi method was used. All experts from the discipline of emergency management, health service, preventive medicine, clinical medicine, and rescue medicine received the consultation. All experts were qualified Associate Professors or Professors. The consultation involved such items as: appropriateness of indicators setting, comprehensiveness, and overall weight distribution of indicators. After two rounds of consultations, an evaluation system of capability indexes and their corresponding weights were determined.

Results: Through consultations, the evaluation system of capability indexes was formulated including seven first-grade indexes, 16 second-grades, and 42 third-grades. This involves organization and command, emergency maneuvers, injury treatment, medicine support, sorting, medical evacuation, quarantine protection, defense, and survival. Through analysis, it was found that the weight distribution of each index was rational and consistent with practical work.

Conclusion: The establishment of the evaluation system of capability indexes has provided an objective criteria and scientific basis for the construction of emergency medical rescue strength of PAP.

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Upgrading the Treatment of Pediatric Trauma in Israel

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Study/Objective: Advertising expert committee recommendations for program improvement and upgrading of child care trauma cases treated in Israeli hospitals in cases of moderate and severe injuries.

Background: Israel established the national trauma care system in the 1990’s. It included a trauma unit at hospitals, the combination of paramedics and intensive care ambulances, the Magen David Adom (MDA EMS), established the National Trauma Registry, constructed and reorganized the emergency medicine departments, Advanced Trauma Life Support (ATLS) courses for doctors, technological improvements significantly in intensive care units, reducing response times and more. These and others led to a reduction in mortality of the severely wounded and those in critical condition. However, children’s injuries are still the leading cause of significant mortality and morbidity of children older than 1-year. Therefore, pediatric trauma is a serious problem of public health and a perceived social and economic burden. Moreover, it causes premature death, disabilities, impaired quality of life, and a burden on society and the victims’ families.

Methods: In Israel, most trauma therapists who are mostly general surgeons have not had enough experience with children. On the other hand, pediatricians have knowledge and experience in child care but not in trauma. This causes the existing gaps in child care, in both a prehospital compound and a hospital.

Results: The committee's recommendations relate to the initial treatment of pediatric trauma, including stabilization and transfer phase and the first "golden hour." Recommendations for treatment in hospitals according to their levels include: National centers (Level 1 Trauma center), regional centers (Level 2 Trauma center), recommendations for trauma staffing (personnel), recommendations for upgrading equipment and infrastructure, training programs and refreshing knowledge and skills, and the development a PATLS course (Pediatric Advanced Trauma Life Support).

Conclusion: Writing a summary report, which was accepted by the Ministry of Health and by the National Committee for Trauma and Emergency Medicine, as a national work program for improving and upgrading child care trauma cases.

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Operating Room Management During Mass Casualties: A New Checklist

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Study/Objective: The American Society of Anesthesiology has released a new checklist for management of the operating theater during mass-casualty events.

Background: No prior system existed for operative management.

Methods: Expert opinion from prominent trauma and disaster anesthesiologists.

Results: Refer to facility's Operations Manual; open up the appropriate annex.

Activate a call-in tree; assign an individual to activate, and use clerical personnel or automatic paging system, if available.

Assess status of Operating Rooms (ORs); determine staffing of OR's 0-2, 2-12, and 12-24 hours. Hold elective cases.

Alert current ORs; finish current surgical procedures as soon as possible, and prepare to receive trauma.

Assign staff; set up for trauma and emergency cases.

Anesthesia Coordinator should become OR Medical Director; work with OR Nursing Manager to facilitate communication, and coordination of staff and facilities.

Report OR status to the Hospital Command Center (HCC); enter telephone, email address of HCC.

Ensure adequate supplies; coordinate with anesthesia technicians' supply personnel, to ensure adequate supplies of fluids, medications, disposables, and other items.

Contact PACU; accelerate the transfer of patients to floors or ICU's, in preparation for a high volume of cases.

Anesthesiologist should act as liaison in Emergency Department (ED); send an experienced practitioner to the ED, to act as a liaison (your eyes & ears), and keep communications open to the Anesthesia Coordinator.

Consider assembly of Stat Teams; use the combination of anesthesia, surgical, nursing, respiratory personnel to triage, as needed.

HAZMET/WMD event; review special personal protective procedures, such as DECON, and isolation techniques.

Consider if part of the OR, or hallways, should be considered "hot," or should have ventilation altered. Good resources include the CHEMM/REMM websites.

Coordinate with blood bank; verify blood availability.

Coordinate with other patient care areas: ICU's, OB, Peds, etc., to ensure continuity of care for new and existing patients.

Conclusion: This guidance provides a structured, task-based approach.

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Are Surgical Skills Under-Emphasized in Literature on Medical Response to Disasters? A Brief Review and Critical Analysis of the Literature with Emphasis on Low Resourced Populations

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Study/Objective: The literature on the medical response to disasters appears to underemphasize the importance of surgical skills, especially in Low- and Middle-Income Countries (LMIC).

Background: While emphasizing the important issues of medical aid, control of infections, or water and food security it is also recognized that the acute phase of disaster requires immediate or almost immediate surgery, for life and limb threatening surgical pathology. It is our hypothesis that the literature on surgery in first medical response to disasters is sparse, especially in vulnerable, low-resourced populations.

Methods: A PubMed advanced search using a standard Boolean search strategy was employed: "(disaster OR disaster response) AND (medical aid OR medical response OR humanitarian aid) AND (surgery OR surgical skills OR surgical procedure) AND (developing country OR austere environment OR low resource environment OR third world)". Subsets of this search strategy generated articles for review. Other search engines were examined using a similar search strategy.

Results: A Pubmed search strategy including "(disaster OR disaster response) AND (medical aid OR medical response OR humanitarian aid)" yielded 4,470 articles. If "(surgery OR surgical skills OR surgical procedure)" was added to this same search strategy then 519 articles (11.6% of total) are identified. If "(developing country OR austere environment OR low resource environment OR third world)" are then added, then 21 articles (0.5% of total) are identified. Of these 21 articles identified only 4 (0.1% of total) address the needs or issues of local surgical assets in LMIC, the remainder instead emphasizing surgical capacity of foreign medical teams in LMIC.

Conclusion: Our hypothesis is confirmed with only 11.6% of total articles on the medical response to disasters discussing surgical issues to any degree, despite significant surgical trauma seen in disasters, especially earthquakes. Only 0.5% of total