

plus more, to those displaced by a large-scale incident. By using CRCs, federal agencies and state, tribal, local, and territorial (STLT) health departments can monitor the affected population, help prevent hospitals from becoming overburdened with persons not critically injured, compliment shelter operations, and obtain a basis for a long-term registry. However, public health staff often are not fully trained in their CRC role and the decision-making factors.

**Method:** The Centers for Disease Control and Prevention (CDC) developed a unique training board game, "This is a T.E.S.T." (Tabletop Exercise Simulation Tool), for public health staff about their CRC role and decision-making factors. We play-tested the game with several CDC and STLT staff in 2022 and received informal feedback.

**Results:** Players found the game facilitated discussion and identified gaps in CRC plans, safety hazards, population needs, and staffing requirements. They also said the game improved collaboration and communication. Over 90% of players strongly agreed the game accurately simulated both bottlenecks and resource needs, individual needs and anxiety, and allowed a greater understanding of CRC operations.

**Conclusion:** Games have been used for emergency response using different platforms such as virtual reality and video games. This is a T.E.S.T. facilitates collaboration by tasking players with managing resources, staff fatigue, public anxiety, and hazards. Players provided valuable feedback on its usability while learning more about CRCs. "This is a T.E.S.T." provides a unique, innovative training experience that incorporates components from typical tabletop and full-scale exercises, CRC capacity estimates through CDC's CRC SimPLER (Simulation Program for Leveraging and Evaluating Resources), and key principles of adult learning.

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### Outcomes of Hemorrhage Control Training for Community Organizations in Rwanda

Oriane Longersaey MD<sup>1</sup>, Kyle Denison DO, MPH<sup>1</sup>, Noelle Lee<sup>1</sup>, Innocent Nzeyimana MD<sup>2</sup>, Dieudonne Rutagumba MD<sup>2</sup>, Ashley Hughes<sup>3</sup>, Chelsea Lacasse<sup>4</sup>, Elizabeth Krebs MD<sup>5</sup>

1. Warren Alpert Medical School of Brown University, Providence, USA
2. Healthy People, Kigali, Rwanda
3. Bryant University, Smithfield, USA
4. Kent Hospital, Warwick, USA
5. Jefferson Health System, Philadelphia, USA

**Introduction:** Traumatic injury from road traffic accidents is a major cause of morbidity and mortality in Rwanda. Basic first aid training can help bystanders to provide prehospital care. The objective of this study was to determine the impact of Stop the Bleed (STB) hemorrhage control training on participant knowledge, attitudes, and practices regarding bleeding control.

**Method:** A total of 64 participants from two community organizations (Healthy People Rwanda and the Rwandan Emergency Care Association) were provided with training in STB. The course included a didactic presentation and skills session where participants could practice skills. A KAP (Knowledge,

Attitudes, Practices) survey was provided to participants before training, immediately after training, three months, and six months post-training.

**Results:** Immediately after training, participant knowledge of bleeding control techniques improved across 5 of 7 questions, including correct tourniquet placement (98% vs 85%) and the correct order of steps to take when treating bleeding (63% vs 9%). There was also a significant increase in confidence across six measures: identifying life-threatening bleeding, applying a tourniquet, applying direct pressure, wound packing, treating severe active bleeding, and teaching bleeding control techniques to others ( $p < 0.001$ ). After three months, 100% ( $n = 21$ ) of participants reported using at least one skill from the course, and 95.24% ( $n = 20$ ) reported using at least one piece of equipment provided during the course. After six months, 93.33% (28 of 30) of participants reported using at least one skill from the course, and 86.67% (26 of 30) reported using at least one piece of equipment provided during the course. Notably, 17 participants reported using the tourniquet they had received by six months post-training.

**Conclusion:** This study found that STB training increased participant knowledge of bleeding control techniques and confidence in performing techniques for bleeding control. All participants reported using skills learned from the course.

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### To Educate or Not to Educate: Systematic Review of Disaster Medicine Education in Kazakhstan in Compression with Post-Soviet Countries

Aidana Sissenberdiyeva MD

KRMU, Almaty, Kazakhstan

**Introduction:** Disaster medicine education is a huge challenge, but essential to disaster preparedness. While natural disasters have always been a part of world events, recent large-scale natural and man-made disasters have drawn attention to disaster medicine. As a consequence, medical schools in many parts of the world have begun to incorporate disaster-related topics into their curricula. However, in the territory of the former USSR, disaster medicine has just begun its development, and at the moment it is represented only in a couple countries, including Kazakhstan.

**Method:** Data collection was performed using a database search through the Ministry of Education and Ministry of Healthcare of the Republic of Kazakhstan, Uzbekistan, Kyrgyzstan, Russian Federation, Belarus, and Ukraine. Disaster Medicine curricula on different education levels, including bachelor, graduate, and postgraduate levels were reviewed and analyzed.

**Results:** Even though Kazakhstan is the ninth largest country in the world, education in the field of disaster medicine is currently represented only in one medical university in the country: specialists in disaster and emergency medicine are trained in residency and master's programs. In the Republics of Uzbekistan and Kyrgyzstan, education in the disaster medicine field is not provided, but there are electives for bachelor students. The Federal Center for Disaster Medicine, located in Moscow,