

Collaborative Relationships for Mass Gathering Events

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Introduction: Electronic Dance Music events (EDMs) are complex mass gatherings and given published rates of illnesses, injuries, and hospitalizations, these events can place an additional burden on local health care services. Accordingly, during the planning process for EDMs many stakeholders are involved; however, local hospitals, a key part of the medical safety plan, are often excluded. In this case report, it is posited that the involvement of local hospital(s) and the resulting integration of on-site and acute-care service provision during an event, ultimately reduces the burden placed on local hospitals.

Methods: Case report; synthesis of published literature.

Results: A 25,000 person per day, two-day mass gathering EDM event trialed a model of collaborative planning with a local community hospital. Planning included the identification of a hospital liaison, pre-event teleconferences between event staff, contracted and public medical response teams, emergency management teams, harm reduction practitioners, public health, and hospital personnel. Throughout the collaborative planning process, vital information was shared in order to optimize patient continuity of care and streamline the transition of care from site medical response to an acute care setting. Outcomes included the prevention of unnecessary transfers to the hospital; however, those patients who required transfer had their initial treatment started prior to leaving the venue. Further, collaborative planning also contributed to improved bidirectional data sharing to better understand the impact on the local hospital of the event, including transfers from the onsite medical team as well as transports from the community and self-presentations for care.

Discussion: The collaboration of onsite medical and hospital teams improved the delivery of essential medical care to the patrons of the event and added a layer to the safety planning process essential to mass gathering events.

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Comparing Training Techniques in Chemical Disaster Preparedness

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Introduction: Currently, there are no universally accepted personal protective equipment (PPE) training guidelines for Emergency Medicine physicians, though many hospitals offer training through a brief didactic presentation. Physicians' response to hazmat events requires PPE utilization to ensure the safety of victims, facilities, and providers; providing effective and accessible training is crucial. In the event of a real disaster, time constraints may not allow a brief in-person presentation and an accessible video training may be the only resource available.

Aim: To assess the effectiveness of video versus in-person training of 20 Emergency Medicine Residents in Level C PPE donning and doffing (chemical-resistant coverall, butyl gloves, boots, and an air-purifying respirator).

Methods: A prospective observational study was performed with 20 Emergency Medicine residents as part of Emergency Preparedness training. Residents were divided into two groups, with Group A viewing a demonstration video developed by the emergency preparedness team, and Group B receiving in-person training by a Hazmat Team Member. Evaluators assessed critical tasks of donning and doffing PPE utilizing a prepared evaluation tool. At the drill's conclusion, all participants completed a self-evaluation to determine their confidence in their respective trainings.

Results: Both video and in-person training modalities showed significant improvement in participants' confidence in doffing and donning a PPE suit ($p > 0.05$). However, no statistically significant difference was seen between training modalities in the performance of donning or doffing ($p > 0.05$).

Discussion: Video and in-person training are equally effective in preparing residents for donning and doffing Level C PPE, with similar error rates in both modalities. Future trainings should focus on decreasing the overall rate of breaches across all training modalities.

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Comparison of the Effects of Sacco and START Triage Methods in the Death Risk Assessment of Mass Trauma Patients after Earthquake

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Introduction: Compared with traditional START Triage Method, the Sacco Triage Method is a new way to assess death risk in disaster scenes. However, due to the difficulties in disaster medical research, there is still no evidence to prove which one is more effective.

Aim: To assess and compare the value of START Triage Method and Sacco Triage Method in the death risk assessment of transport and the one-month death risk assessment of the earthquake mass trauma patients.

Methods: A retrospective analysis was conducted on 1,612 patients who were transferred to the West China Hospital by assigning to different triage levels by Sacco Triage Method and START Triage Method respectively. Both of the triage methods were evaluated based on death cases on either during transport or in the emergency department, using the area under the receiver-operator curve.