

**(P1-41) Utilization of a Cadaveric Model in Pericardiocentesis Training**P.C. Inboriboon,<sup>1</sup> S. Lumlertgul<sup>2</sup>

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**Background:** Pericardiocentesis is rare but life saving procedure that all emergency physicians should be competent in performing. Improper technique can place patients at significant risk for iatrogenic injury. Proper training is needed to familiarize physicians with proper pericardiocentesis technique.

**Training Model:** In order to facilitate training of this relatively rare procedure, a cadaveric pericardiocentesis model was developed. Described is a step by step procedure for creating a cadaveric model that can be used to train and evaluate providers in pericardiocentesis competency.

**Utilization:** This unique teaching innovation can be utilized in a variety of settings to train providers, including those in resource limited environments. It has already been utilized in the training of emergency medicine residents in Thailand and in the United States.

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**(P1-42) The Educational Effects of a Triage Program in Senior High School**K. Suzuki,<sup>1</sup> H. Tanaka,<sup>2</sup> H. Takyu,<sup>3</sup> N. Ninomiya<sup>4</sup>

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**Background:** Japan is one of the world's famous countries for natural disaster. Seven years ago, The Japanese government indicated the necessity of providing disaster prevention education in schools. However, such education has not yet been introduced.

**Objective:** The aim of this study was to evaluate the 90min triage program in senior high schools.

**Method:** Sixty nine students attended the program. The effects of the program were evaluated using pre and post examination by paired t-test and McNemar's test.

**Result:** Compare pre-test with post-test, the average score of the tests was a significant increased. Compare pre-questionnaire with post-questionnaire, the number of interested students in a regional disaster drill has increased.

**Discussion:** The results showed that this program increased the interest in disaster prevention and provided students with a chance to participate in disaster drills in their own resident area.

**Conclusion:** Carrying out this program in senior high schools, would provide students with a chance to learn disaster prevention.

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**(P1-43) Standardized Full-Scale Exercises using Indicators Related to Patient Outcome: A Method to Increase Knowledge Coping with Aircrafts Incidents**M.E.A. Rådestad,<sup>1</sup> H. Nilsson,<sup>2</sup> A. Rüter,<sup>2</sup> M. Castren,<sup>3</sup> L. Svensson,<sup>3</sup> D. Gryth<sup>3</sup>

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**Introduction:** Disaster medicine is a young discipline and there is a need for the development of methods for evaluation and research. This includes full-scale disaster exercises that are quite costly. Within each organization these exercises are seldom conducted. If there was a standardized concept on how to conduct as well as evaluate these exercises, this could lead to better knowledge and cost effectiveness. The aim of this study was to increase awareness of the possibility to develop and conduct full-scale exercises in different settings using performance indicators combined with indicators related to patient outcome serving as a basis for comparison and evaluation process.

**Methods:** Two full-scale exercises in different organizations were studied. Identical panorama with the same number and type of casualties was used. Sets of performance indicators combined with indicators for unfavorable patient outcome, according to the Emergo Train System<sup>®</sup>, were recorded as well as all transportation times and the patient distribution to selected hospitals. Qualified observers scored the results on predetermined locations; on the scene, hospital and strategic command and control.

**Results:** The lowest scored performance indicators were "first report to dispatch", "second report from scene" and "first patient evacuated". Due to insufficient response and evacuation times of victims to the receiving hospitals the unfavourable patient outcome, regarding preventable deaths and preventable complications were 28% ( $n = 18$ ) and 41% ( $n = 17$ ), respectively.

**Conclusions:** Standardized full-scale exercises where the same type of results is recorded can be conducted. This combination of performance indicators and Emergo Train System<sup>®</sup> leads to probabilities of development and better command and control response. Future use of the same concept may demonstrate important results that will lead to new and better knowledge that can be applied during real incidents.

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**(P1-44) Health Emergency and Disaster Management Training for Health Professionals**

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**Background:** Sri Lanka has learned, with contributions from a 30-year war and a tsunami, that disasters happen when and where least expected. Thus the Health Emergency and Disaster Management Training Centre (HEDMaTC) of the Faculty of