the injured in hospitals after mass-casualty incidents and disasters is what we want to solve during this study.
Methods: The study was based on the analysis of the local EMS database and simulations of mass-casualty incidents (MCI) during "sand table drill." We compared a management model with and without ICT support. The study measured the following aspects: the triage on site, the decision-making model, the effectiveness of EMS (response time and appropriate management medical staff), the information flow to/from the command and control center, the criteria deciding on a patient transport model, and allocation in hospitals.
Results: The ICT monitoring emergency medical care has proved greater effectiveness of decision making with the ICT support than the traditional one. Moreover, ICT allows to take decisions that could not be taken within the traditional model due to the lack of current feedback from the incident analysis and hospital database. The ICT provides new management possibilities during MCI and disasters.
Conclusion: The use of ICT in disaster management improves the efficiency of the allocation of the injured in hospitals. The results allow to define new directions for development of intelligent Command Support Systems for emergency and disaster management.
Prehosp Disaster Med 2017;32(Suppl. 1):s239–s240
doi:10.1017/S1049023X17006148

Results of Lectures and Training on Two Methods of Disaster Triage for Local Residents who are not Medical Personnel

Makoto Mitsusada, Atsushi Onogawa, Yoichirou Shima
Nerima-hikarigaoka Hospital, Tokyo/Japan

Study/Objective: To compare the results of lectures and training on two methods of disaster triage, START (ST) and SALT Step 1 (S1) for local residents.
Background: In the Nerima-ward, if a major earthquake occurs, medical personnel are on duty to initiate triage at the regional first-aid station. However, the process is expected to face delays because they often reside outside the ward. To avoid mass confusion, the emergency plan calls for local residents to carry out triage. For a decade, they have received only an annual ST lecture, and problems such as complexity and risk of infection exist.
Methods: We developed and implemented a training course for residents, wherein both ST and S1 are taught. Each trainee experienced ST then S1, acting as an officer or an assistant or patients. The two methods were compared in terms of the results of triage completion rate and judgement of correct triage rate. Comparison of the responses to the questionnaire completed was also conducted.
Results: After the training, the triage completion rate and correct judgement rate were both higher in S1. A comparison of the responses showed that confidence in practice was higher for S1. Anxiety, concerning blood contact and the decision to categorize black tags, was revealed in the questionnaire about ST.
Conclusion: Although ST is often used for initial triage, the method is rather complicated. Counting pulse or respiration is not an easy task. There are other problems such as the risk of infection and decision making. We speculate that this result was mainly because of the simplicity of the method, although the teaching order might have induced a learning effect. Our conclusion is that S1 could be an easier alternative for triage conducted by residents. However, we also continue to teach ST because they are expected to serve as assistants after the arrival of medical personnel.
Prehosp Disaster Med 2017;32(Suppl. 1):s240
doi:10.1017/S1049023X1700615X