

Methods: Online training courses were developed as part of a curriculum which offers continuing education credits to earn Basic and an Advanced level certifications. The courses introduce disaster health information, its uses, and potential roles for those interested in participating in disaster health information-related activities. Monthly webinars are offered to supplement these courses and provide an opportunity to host subject matter experts to speak on health information for specific events, or to present new or updated tools and resources that can assist disaster information specialists in their daily work. The community of practice helps information specialists develop relationships with others trained in searching and evaluation of disaster health information. The knowledge gained through these interactions, and from the training opportunities, provides them with tools and information to help their own communities in preparedness, response, and recovery activities.

Results: As of October 2016, 66 people in 20 states and three internationally-based persons have earned a Disaster Information Specialization certificate from the Medical Library Association.

Conclusion: The program has been instrumental in providing a cadre of responsive individuals, across the United States and beyond, who are involved in preparing and providing health information before, during, and after disasters.

Prehosp Disaster Med 2017;32(Suppl. 1):s211–s212
doi:10.1017/S1049023X17005519

Evaluation of Disaster Education from a Pedagogical and Andragogical (Adult Learning Theory) Perspective and Recommendations

Ebru Inal¹, Sevkat B. Ozvaris²

1. Civil Defense and Firefighting, Yalova University, Yalova/Turkey
2. Public Health, Hacettepe University, Ankara/Turkey

Study/Objective: This study aims to evaluate disaster education programs, highlighting the basic differences between pedagogical and andragogical approaches (adult learning theory) with examples.

Background: Disaster education could be defined as an ongoing strategy aimed at alerting the public to the consequence of a hazard impact on an unprotected community. Effective disaster education is possible with approaches of extended-to-community and systematic education. These disaster education models should have pedagogical and andragogical approaches.

Methods: The pedagogical approach is based on teacher-directed-learning theory while the andragogical approach is the based on self-directed-learning theory. The differences between approaches can be explained as follows: Sense of self, Experiences, Readiness to learn, Orientation to learning. The differences between models were evaluated under these topics.

Results: Table 1. Available actions about effective disaster education for pedagogical and andragogical approach.

Conclusion: When disaster education programs are being made, differences between a pedagogical approach and an andragogical approach should be taken into consideration.

About	Pedagogical	Andragogical
<i>Sense of self</i>	<ul style="list-style-type: none"> ● Comprise didactic instructions or images ● Prepare classroom activities such as role-play ● Produce an awareness of at least the possibility of crisis 	<ul style="list-style-type: none"> ● Ask questions ● Take ideas ● Do brainstorming/discussion ● Interactive education
<i>Experiences</i>	<ul style="list-style-type: none"> ● Teach cognitive processes, behavioral skills necessary for protection, and especially emotional labor ● Be accepting of the reality of what has happened 	<ul style="list-style-type: none"> ● Make it feel precious ● Make it feel as unique as individuals ● Join all activities ● Be respectful ● Provide a setting of information exchange
<i>Readiness to learn</i>	<ul style="list-style-type: none"> ● Facilitate learning ● Perform applications as dramatization, models, and demonstration 	<ul style="list-style-type: none"> ● Be motivated ● Constitute a reliable, encouraging, positive, and taking-into-account an individual needs setting ● Constitute a “real” setting ● Put emphasis on requirements of disaster education ● Draw attention with disaster scenarios
<i>Orientation to learning</i>	<ul style="list-style-type: none"> ● Perceived information as precious ● Adopt disasters as a important event in their life 	<ul style="list-style-type: none"> ● Correlate with their real life ● Give clear and explanatory information ● Adopt solution-oriented approach for problems

Prehosp Disaster Med 2017;32(Suppl. 1):s212
doi:10.1017/S1049023X17005520

Granting the First Aid Event on the Spot, the Opinion of Team Members in the Medical Rescue Units in the Capital City of Warsaw

Aneta Binkowska¹, Artur Kamecki²

1. Department Of Emergency Medicine, Department Of Medicine Of Disaster, Medical University of Warsaw, Warsaw/Poland
2. Department Of Culture Of Security And Methodology, Social Sciences And Security Institute, Siedlce University of Natural Sciences and Humanities, Siedlce/Poland

Study/Objective: The aim of the study was to know the reviews of team members of the emergency medical provincial Ambulance and Emergency “Meditrans” in Warsaw, as people react in situation of real threat to life or health of the injured

person. What is witness event doing? What are the main causes of absence of first aid?

Background: The ability of carrying out first aid should be one of basic skills in each of us.

Methods: The study was conducted in the third quarter of 2015, on 335 members of emergency medical teams: doctors, paramedics, nurses and drivers, who provided medical rescue activities in the Provincial Ambulance and Health Transport "Meditrans" in Warsaw. The research tool was an anonymous questionnaire.

Results: The straight majority of respondents encountered granting first aid at the event on the spot, however, the frequency of appearing of such proceedings isn't too high. First aid has most often been given on the street and in houses. Middle-aged persons constituted the most numerous group that first aid was administered to. The important element is the reason not to provide first aid by bystanders, in the opinion of members of the ambulance. The most common answers were: fear, lack of knowledge and skills, reluctance, indifference, lack of training, lack of experience and fear of doing harm.

Conclusion: By far the majority of respondents meets with the carrying of first aid, but respondents assessed the low incidence of such situations. Placing the victim in the recovery position is the simplest and most common form of the provision of first aid. Organized training in first aid should be extended to activities carried out in other situations, other than cardiac arrest. Only continuous education and in particular the practical training, will help people to overcome the barrier of their limitation in order to help others.

Prehosp Disaster Med 2017;32(Suppl. 1):s212–s213

doi:10.1017/S1049023X17005532

Healthy Lifestyle Behaviors of University Students

Cüneyt Çalışkan¹, Koray Arberk², Sarp Üner³

1. Emergency Aid And Disaster Management, Çanakkale Onsekiz Mart University, Çanakkale/Turkey
2. Emergency Medical Service, Provincial Health Directorate, Eskişehir/Turkey
3. Institute Of Public Health, Hacettepe University, Ankara/Turkey

Study/Objective: This study aims to examine the Healthy Lifestyle (HL) behaviors and certain factors which have an influence on such behaviors, of the students in the Department of Emergency Aid and Disaster Management (EADM) at a university.

Background: HL is to control all of the behaviors influencing his/her life and to adapt daily activities to their health condition. For this reason, it is important to improve HL of EADM students, who are expected to carry out emergency services at a desk, and to perform medical intervention to the scene in cases of disasters and emergencies in the future.

Methods: Three of four ($n = 268$) of the students was reached in this descriptive study. The data was obtained through a survey form, including the scale of Health-Promoting Lifestyle Profile (HPLP-II), as well as socio-demographic characteristics. An index where certain characteristics of the participants were scored on a scale of 0-10, was formed for the study (low score regarded as positive in terms of HL behaviors). A written consent from the ethical committee and the administration was obtained, and a verbal consent was obtained from the students.

Results: Two of three of the participants were male and 60,3% have a job. The average age (SD) was 21,3 ($\pm 1,6$) and scores were 131,3 ($\pm 17,5$) for SYBD-II and 3,3 ($\pm 1,7$) for the index. The results of the logistic regression analysis indicated that having a regular family life (OR = 3,38; $p < 0,05$), being a junior student (OR = 2,11; $p < 0,05$) and good friendships at school (OR = 1,16; $p < 0,05$) have significant impacts on the score of SYBD-II scale.

Conclusion: The study concluded that good friendships and a regular family life are important for students to have a Healthy Lifestyle. The students having difficulty in such aspects may be encouraged to benefit from school guidance services. Students are increasing their negative life behavior in advanced classes. The reasons for this situation should be investigated.

Prehosp Disaster Med 2017;32(Suppl. 1):s213

doi:10.1017/S1049023X17005544