

- Due to differences in legal status of IEMTs' providers and national laws, similar events may end up with a different legal outcome.
- Patients may be devoid of mechanisms to seek redress, due to lack of relevant legal system applicable to their case, or when the applicable legal system provides for exemptions from accountability by means of judicial immunities or Good Samaritan laws.
- Ensuring medical liability insurance for IEMTs should be considered.

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Developing AUSMAT's Rehabilitation Capacity: Applying the Technical Standards to Practice

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Study/Objective: The objective of this case study is to describe the process undertaken by the Australian Medical Assistance Team (AUSMAT) in developing its rehabilitation capability, and applying the World Health Organization Classification and Minimum Standards for Emergency Medical Teams to practice.

Background: The Australian Medical Assistance Team is Australia's health emergency and medical response facility. In October 2016, AUSMAT achieved classification as a World Health Organization Type-2 Emergency Medical Team and field hospital. This achievement was the culmination of many months of preparation, by people from a wide range of areas of expertise, and served as the impetus for AUSMAT to address the need for rehabilitation within its broader capabilities.

Methods: Development of AUSMAT's rehabilitation capability required a process of rationalizing the minimum standards against AUSMAT's core business.

Results: AUSMAT's rehabilitation capability is closely integrated with its core clinical activities. AUSMAT rehabilitation professionals will work within a transdisciplinary model of practice between Occupational Therapy and Physiotherapy. The primary goals of the rehabilitation capability is to reduce secondary injury, achieve optimal outcomes post injury, improve patient flow through the field hospital and identify appropriate transfer and referral pathways. In accordance with typical AUSMAT tasking, the focus of the rehabilitation capability is on the acute phases post injury. Rehabilitation currently remains a largely untested capability for AUSMAT, however through the process of addressing the standards for rehabilitation in a Type-2 EMT, AUSMAT is now in a position to deploy rehabilitation professionals alongside medical, nursing, logistical and other team members.

Conclusion: AUSMAT has developed its rehabilitation capability, and has demonstrated to the WHO, core and technical standards for a Type-2 EMT and field hospital. As such, AUSMAT represents an example of operationalization of the minimum standards for clinical practice.

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Perceptions and Reflections of Emergency Medicine Graduates, Regarding the Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM)

Curriculum: A Qualitative Evaluation Study
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Study/Objective: This study is a qualitative curriculum evaluation of the Toronto Addis Ababa Academic Collaboration in Emergency Medicine postgraduate training program, in Emergency Medicine at Addis Ababa University (AAU), Ethiopia.

Background: In 2010, the first-ever Emergency Medicine postgraduate training program in Ethiopia was launched at Addis Ababa University. Toronto Addis Ababa Academic Collaboration in Emergency Medicine (TAAAC-EM) designed and implemented a curriculum to support the Addis Ababa University (AAU) EM program. To date, three cohorts of EM specialists (n = 15) have graduated from the three-year program. After six years of implementation, we undertook a qualitative evaluation of the TAAAC-EM curriculum.

Methods: Data collection took place in 2016 in Ethiopia via in-person graduate interviews (n = 12). Participants were interviewed by a trained research assistant, who used a semi-structured interview guide. Standard interview, transcription, and analysis protocols were utilized. Qualitative software (QSR-NVIVO 9) was used for thematic grouping and analysis.

Results: Graduates of AAU's EM residency training program reported very positive experiences with the curriculum overall. All graduates recognized the importance of TAAAC-EM's emphasis on bedside teaching to their learning, a unique component of the TAAAC-EM model compared to the baseline teaching milieu at AAU. In addition, several themes emerged when graduates were asked about areas of program improvement, including: (1) shifting didactic clinical epidemiology teaching to the senior residency years (PGY2-3), to coincide with completion of a required residency research project; (2) increasing simulation and procedural teaching sessions; and (3) adding formal certification courses such as ATLS and ACLS.

Conclusion: Interviewing graduates of AAU's EM residency training program proved to be an important avenue for determining areas of curriculum improvement for future trainees. It also provided critical input to TAAAC-EM strategic planning discussions, as the partnership considers expanding its scope beyond Addis Ababa.

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Hospital Workload for Weapon-Wounded Females Treated by the International Committee of the Red Cross - More Work Needed than for Males

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Study/Objective: To assess whether there is a difference in hospital workload for treating weapon-wounded females compared to males.

Background: Civilians constitute 33–51% of victims in armed conflict. Several reports on civilian injuries exist but few are focusing on injuries afflicting females. We analyzed routinely collected data on weapon-related injuries from the International Committee of the Red Cross (ICRC) hospital in northwestern Pakistan, in order to define injury-patterns and type of surgical treatment for admitted females.

Methods: A total of 3,028 patient-files (376 adult females) from consecutively admitted patients to the ICRC-hospital in Peshawar, from February 2009 to May 2012 constitutes the study. Information regarding injury-mechanism, time since injury, vital parameters at admission, type of injury, treatment and basic outcome were extracted from the files, and prospectively registered and retrospectively analyzed. Comparisons between gender and age-groups were done by cross-table analyzes or non-parametric tests when appropriate.

Results: Females were younger than males (20 vs 25 years, $p < 0.001$), arrived sooner after injury (24 vs 48 hours, $p < 0.001$) and were victims of bombs and missiles more frequently (64% vs 57%, $p < 0.001$). Vital parameters such as systolic blood-pressure (110 vs 112 mmHg, $p < 0.001$) and pulse-rate (100 vs 90, $p < 0.001$) were more affected at admission. Females were subjected to surgery (83% vs 77%, $p < 0.05$) and given blood transfusions more often (19 vs 14%, $p < 0.01$). No differences in amputations or inhospital mortality were noticed.

Conclusion: Females treated at the ICRC-hospital in northwestern Pakistan are markedly affected by indiscriminate weapons such as bombs and missiles. Their consumption of surgery is greater than indicated by their numbers, which might have an impact on planning for staffing, and premises in similar contexts.

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War Surgical Treatment of Comminute Fractures Requires more Resources than Isolated Life Threatening Wounds

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Study/Objective: To assess whether war wound severity corresponds to consumption of resources in a limited resource setting.

Background: The International Committee of the Red Cross (ICRC) has developed a Wound Classification system (RCWC) for assessing war wound severity. The RCWC score is based on wound size, tissue involved, existence of fracture and if there is threat to limb and/or life. Whether or not the RCWC score corresponds to consumption of resources has not previously been studied.

Methods: Data from 1,573 patients was analyzed from a prospectively created database containing information from patients treated at ICRC's hospital for war wounded in Peshawar, Pakistan, between 2009–2012. High resource consumption was defined as ≥ 3 operations, amputation, ≥ 3 blood transfusions or ≥ 15 days of hospital stay. The relationship between RCWC and high resource consumption was assessed with logistic regression analysis.

Results: Age (median) was 24 years (0,5–84). Patients were 87% male, and 18% were < 16 years. 55% were treated within 24 hrs of injury. The main causes of injury were blast/fragment (56%) and gunshot (37%). Only 32% had soft tissue injury, 43% had a fracture and 25% had wounds threatening limb and/or life. Treatment of extensive soft tissue injury required more resources than simple fractures (odds ratio 12,11, 95% CI: 5,50–26,68 vs. 2,35, 95% CI:1,61–3,43). Comminute fractures consumed more resources (OR 8,44, 95% CI: 5,93–12,00), than isolated life threatening wounds (OR 3,70, 95% CI: 2,42–5,65). There was 15% of the patients with life threatening wounds, and 5% of all patients died during treatment.

Conclusion: Treatment of comminute fractures required, somewhat unexpectedly, more resources than isolated life threatening wounds. A potential relationship between certain RCWC groups and high resource consumption could be seen. However, this requires further analysis to establish.

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Medical Formations of EMERCOM of Russia and their Experience in Providing Emergency Medical Assistance to Emergency-Affected in Russia and Foreign Countries

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Study/Objective: Ministry of Russian Federation for Civil Defense, Emergencies and Elimination of Consequences of Natural Disasters (EMERCOM) of Russia includes medical formations for providing Emergency Medical Services (EMS). At mass casualties disasters EMS is provided directly in the disaster zone, or in specialized medical institutions using Air-mobile Hospital (AH) or air medical evacuation correspondingly. The objective is to assess and analyze the efficiency of the formations at emergencies and verify sufficiency of their personnel and material-technical supply.