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Adaptation of START Triage Training Program for Hospital Personnel in West Africa

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Study/Objective: As part of a multi-year hospital resilience-building program at the John F. Kennedy Medical Center (JFKMC) in Monrovia, Liberia, the purpose of this program was to introduce the Simple Triage and Rapid Treatment (START) mass-casualty protocol to clinical employees and health professions students, in order to increase individual provider readiness to respond to disaster events.

Background: Individual provider resilience and clinical readiness is a key component of overall hospital resilience during a disaster or crisis event. The primary objective of this component of the hospital resilience program was to provide clinicians and health professions students the opportunity to learn the START triage system, and practice making high-consequence triage decisions under stressful conditions.

Methods: Training was coordinated with relevant medical and nursing departments and student learners in the facility to ensure maximum participation. Powerpoint slides featured Standard Liberian English phrases when appropriate, and the authors produced a skills video using Liberian clinicians and actors speaking Liberian English. The 30 minute didactic training was followed by serial skill practice stations, in which participants had the opportunity to serve as rescuers/triagers. Instructors assigned to each station monitored the practice sessions and provide just-in-time feedback following every skill repetition.

Results: Over 150 learners participated in the course. Based on feedback from participants and hospital administration, the training was successfully adapted. The START video was widely praised during and after the training. A major limitation was that students had widely variable basic life support clinical skills. Future implementations of this program should include a basic life support course. Future instances of training also will provide an opportunity to test recall knowledge of previously trained personnel.

Conclusion: The START training program can be successfully adapted for West African audiences, and can serve as an important component of overall hospital resilience-building efforts.

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Central Ohio's Regional Response to the Largest Botulism Outbreak in 30 Years

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Study/Objective: Describe the strengths and challenges of regional health care preparedness coordination, as it pertains to the largest Botulism outbreak in 30 years.

Background: This session will discuss the central Ohio region's response and perspective to the foodborne Botulism outbreak in central Ohio. The Central Ohio Trauma System (COTS), and the Healthcare Incident Liaison (HIL) received notification at approximately 12:45 pm on April 21, 2015, from Fairfield Medical Center, regarding suspicion that several people who had attended a local church potluck, may have been affected with Botulism. The COTS HIL was able to utilize their pre-established communication systems to assist FMC in notifying 31 hospitals within minutes, collecting and sharing information, identifying open critical care beds and the activation of portable ventilator caches. Communication was established with the Ohio Department of Health, CDC, hospitals, and local public health facilities. The COTS HIL worked with other regions in the state of Ohio to provide situational awareness, and request bed availability from their hospitals. The session will also discuss the identification of Botulism and response at Fairfield Medical Center, along with the local and regional public health infectious disease investigation.

Methods: This session will begin with background information on the central Ohio Healthcare Coalition and Response. Fairfield staff will present case studies on the patients that presented to their facility. Regional public health will add to the presentation by discussing how local public health worked alongside regional and state public health, to conduct the infectious disease investigation.