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Introduction: In March 2022, Team Rubicon deployed an EMT Type 1 mobile team to provide medical care for internally displaced people in Ukraine. Regional medical facilities and universities identified a need for training programs to prepare for the expected increase in wartime casualties.

Method: Deployed medical teams researched and compiled initial course content. Presentations were prepared and conducted with the assistance of Ukrainian translators. The curriculum was expanded to include whole blood transfusion and point of care ultrasound. After the prioritization of needs by the MOH, Team Rubicon deployed a seven-member team to conduct training in 16 cities over two months. They provided instruction in whole blood transfusion, hemorrhage control, blast injuries, prehospital triage, shock management, point of care ultrasound, and treatment of chemical exposures. Surveys were conducted pre- and post-training to assess the usefulness of the training provided.

Results: In two months, a total of 1549 unique individuals were trained. The participants included 769 physicians, 244 nurses, 299 paramedics, 83 hospital administrators, and 154 additional professionals. They included 614 males and 935 females. The number of participants in each course included: 477 for hemorrhage control, 564 for treatment of chemical exposures, 483 for blast injury and field trauma, 412 for pre-hospital and triage training, 135 for point-of-care ultrasound, and 154 for whole blood transfusion.

Conclusion: With the assistance of the Ukrainian Ministry of Health, an NGO was able to conduct 64 sessions training 1549 individuals. This experience demonstrates the ability to create a robust educational platform to fulfill the medical needs of a community affected by warfare.

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The Characterization of Trauma Patients Utilizing Private Vehicle Transport (PVT) to the Emergency Department (ED)

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Introduction: Existing studies have identified the national rate of PVT for severely injured patients to be 9–16%, our ED has displayed a PVT incidence of 35.4%, suggesting a substantial difference in ED arrival. This study aims to explore descriptive demographics and injury characteristics of patients who arrived by PVT to our ED.

Method: A prospective, single-center observational study conducted in Detroit, Michigan. Included patients aged 15 ≥ years who arrived at the ED by PVT for blunt or penetrating trauma. The sample population consisted of 128 patients from August 2019–April 2021. Each subject completed a survey regarding their injury and prehospital care. A retrospective chart review was conducted to acquire information on their injuries.

Results: The mean age was 44.3 ± 20.3 years old, range 15–93. 51/128 female, 77/128 male. Patients comprised 93/128 African American, 19/128 Caucasian, 4/128 Asian, 4/128 Hispanic/Latino, and 8/128 other. The most common insurance was Medicaid, comprising 63/128 patients, 25/128 of patients had Medicare and 38/128 had private coverage. Utilizing ESI indices to evaluate severity levels, 73/128 arrived at the ED with an ESI level of 3, 47/128 level of 2, 5/128 level of 4, and 3/128 level of 1, the most severe. Majority of patients 36/128, presented with trauma-related injuries due to a fall. 25/128 presented with a laceration, and 22/128 presented after a motor vehicle crash. The upper extremities were the most common location of trauma 38/128 followed by the lower extremities 23/128. The mean ED length of stay was 11.18 hours.

Conclusion: Overall, the findings from this study allowed us to characterize our population of PVT trauma patients through their demographics and injury characteristics. We were able to establish some descriptive characteristics that delineate the population of patients at our ED in Detroit, which is the first step in identifying why trauma patients choose varying modes of transportation.

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Research on Supports for Those Who Require Special Care to Prevent Disuse Syndrome in Disasters and Disaster-related Death Using Telemedicine

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Introduction: In Japan, natural disasters such as earthquakes and typhoons are extremely frequent. It is predicted that Tokyo Inland earthquakes will occur within the next 30 years. Disuse syndrome and Disaster-related deaths have increased in disasters. It has been reported that Disuse syndrome and Disaster-related deaths are particularly prevalent among those who require special care. Therefore, it is necessary to consider support for them in the future disaster. Telemedicine has become increasingly popular in recent years. Previous researches using telemedicine have reported that it is useful for rehabilitation and management of chronic diseases. This study aimed telemedicine would be useful to prevent Disuse syndrome and Disaster-related deaths.

Method: The subjects were physicians, nurses, physical therapists, occupational therapists, and speech therapists. Semi-structured interviews were conducted with the subjects on how telemedicine could be used to assist them. The data were analyzed using Krippendorff's content analysis.

Results: The research interviewed medical staff including physical therapists and occupational therapists with knowledge about disaster medicine. Thirteen categories of problems with telemedicine were identified, including problems with infrastructure and operation by the elderly. Eight categories of support that could be provided were generated that were common to all rehabilitation professionals, two categories for physical

therapists, two categories for occupational therapists, and five categories for speech therapists.

Conclusion: This study examined what kind of support can be provided using telemedicine to prevent Disuse syndrome and Disaster-related deaths. Common support by rehabilitation professionals included instruction in exercises and prevention of economy class syndrome. It was suggested that speech therapists could provide oral swallowing exercises and support for those with dysphagia. However, the handling of communication devices by the elderly, and the interaction of medical personnel were cited as problems. In response to these issues, there was a possibility to support the victims by collaborating with remote and local medical professionals.

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Cultural Competence in Academia

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Introduction: Teaching and becoming culturally competent are concepts that have and continue to evolve partly due to the language being used such as culturally competent, culturally sensitive, and cultural humility. With such an influx of ethnically diverse populations, nurses need to become competent in the care of patients from many cultural backgrounds. Faculty must first be culturally competent to provide this pedagogy for nursing students. This paper explores and analyzes the cultural competence of Baccalaureate Nursing Faculty in the United States.

Method: This study was conducted using a quantitative, descriptive approach among baccalaureate nursing faculty. The Multicultural Awareness, Knowledge, and Skills Survey (MAKSS) tool was used for this study. The survey was sent to 70 randomly selected baccalaureate nursing program Deans and/or Associate Deans listed on a public web site. The sample was purposely chosen to represent at least one program from each of the 50 states across the United States.

Results: Ninety-four responses were received. Of the 94 responses, 37 surveys were incomplete, leaving a sample size of 57. An analysis was completed on the 57 completed surveys. Limitations include the length of the survey (60 questions) as the authors found that some participants did not answer all the questions. Although faculty rated themselves high regarding being able to identify cultural biases, faculty highlighted the need for more education on culture.

Conclusion: Faculty appear to be culturally aware and recognize the need for more education to achieve a culturally competent skill set. With the increase in the influx of immigrants from all over the world, the population of the United States is changing. Cultural competence needs to be included in curricula to ensure that patients are advocated for and respected.

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Starting Points for Promoting Disaster Resilience in Home Nursing Care in Germany—A Participatory Development Process

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Introduction: In Germany, more than 3.3 million people in need of long-term care are receiving home care. Although not all of them use professional home care providers, their services are essential especially to those who need skilled nursing care and medical-technical assistance in addition to everyday support—such as approximately 30,000 people who receive home mechanical ventilation. Little is known about the disaster resilience of home care infrastructures and ways to strengthen them. A research consortium called AUPIK, funded by the German Federal Ministry of Education and Research from 2020–2023, sought to close this gap.

Method: A participatory process was initiated as part of the AUPIK project based on results of a multi-perspective empirical baseline analysis which resulted in a first draft text about measures to promote disaster resilience in home care. 37 representatives of home nursing care providers and community health-care services, professional boards, scientific and education institutions participated in a web-based survey on the draft text, followed by two digital group discussions. Finally, the gradually revised, condensed and consented starting points were published and distributed.

Results: Eight starting points were defined. Among others, there is an urgent need to strengthen risk awareness and resource management among home care providers, to promote individual disaster competence and preparedness among all parties involved and, not least, to strengthen community-based networking initiatives between home care providers, emergency and disaster organizations and local authorities. Institutions or persons who should take responsibility for implementation at different levels are addressed directly.

Conclusion: The final version of the starting points represents a consensus on urgently needed initiatives to promote disaster resilience in home nursing care in Germany. The participatory development process should support commitment on the part of all stakeholders and thus promote effective implementation of disaster resilience initiatives in home nursing care.

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An e-learning Course Effect on Swedish Ambulance Commanders' Decision-making in Simulated Road Tunnel incidents—Preliminary findings

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