EDUCATION, TRAINING, AND SIMULATION

Preliminary Analysis of the Competencies Needed by EMTs Members to Address Safety and Security when Deployed to Unsecured Environments: A scoping review of the available evidence

Elias Saade MD, MBA[1,2], Lina Echeverri MD, MSC[3], Ana Barbar[4]
1. Università del Piemonte Orientale, Novara, Italy
2. Vrije Universiteit Brussels, Brussels, Belgium
3. CRIMEDIM - Università del Piemonte Orientale, Novara, Italy
4. ICRC, Geneva, Switzerland

Introduction: During armed conflicts and other situations of violence, EMTs are deployed to respond to the needs of the affected population. It is when fighting breaks out that healthcare services are most needed, but it is also when they are most exposed to violence and insecurity. Current evidence indicates that health personnel, health infrastructure and patients have been the target of different types of attacks.

A new report published on 24 of May 2022 by the Safeguarding Health in Conflict Coalition identified there were 1,335 incidents of violence or obstruction against health care perpetrated in 2021: 161 health workers killed; 320 injured; 170 kidnapped; 713 arrested. Health facilities were destroyed or damaged in 188 incidents, 111 health transports destroyed or damaged and 64 health transports stolen or hijacked.

In a nutshell, health facilities and health workers were subjected to devastating and widespread violence and obstruction of care in 49 conflict-affected countries in 2021.

Method: This presentation analyzes the current challenges, describes the method used consisting of a scoping review of the available evidence in addition to semi-structured feedback from key stakeholders working in unsecured environments, and supports the identification of skills and competencies that EMT members need before deployment. This presentation will also propose the definition of skills and competencies for EMT members needed before deployment to unsecured environments.

Results: Recommendations for future action focus on International norms and standards, a competencies framework, evidence and data, and state-of-the-art competencies to address safety and security during deployment needed for a capability-building framework.

Conclusion: How to optimize EMTs' response in unsecured environments requires designing training and learning pathways that improve skills and knowledge on safety and security for EMT members before their deployment to prevent and mitigate violence against health care during deployment in unsecured environments.

The Effects of Including Blood in First Aid Training on Confidence in Bleeding Control Ability and Intent to Aid

Marc Friberg MSc[1,2], Wilhelm Brodin MSc[2], Carl-Oscar Jonson PhD[1], Erik Prytz PhD[1,2]
1. Center for Disaster Medicine and Traumatology, and Department of Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden
2. Department of Computer and Information Science, Linköping University, Linköping, Sweden

Introduction: Educational initiatives such as Stop the Bleed continue to educate medical laypeople in first aid for massive bleedings. The effect of including realistic blood early in Stop the Bleed-type training remains unknown. The aim of this study was to investigate the effects of including realistic blood early in a Stop the Bleed-type training on medical laypeople's intent to provide future aid and self-perceived ability to provide aid.

Method: In total, 46 medical laypeople participated in this study. Two bleeding control tasks, wound packing and tourniquet application, were performed in a simulated scenario on a manikin with a wound. Participants received brief Stop the Bleed-type training and were divided into two groups: with (Blood) or without (Control) blood present during the tasks. After the experiment, two surveys were administered, one on confidence in their ability to perform each task, and a previously established survey on their intent to aid a bleeding victim in real-life situations.

Results: The post-trial survey showed that the participants in the Blood group had lower confidence than the Control group in their wound packing ability ($M_{Blood} = 2.09$, $SD_{Blood} = 0.85$; $M_{Control} = 3.04$, $SD_{Control} = 0.86$, $t(43) = 3.725$, $p < .001$, but not regarding their tourniquet application ability, $t(43) = 0.019$, $p = 0.985$. Further, there was no difference between the groups in their intent to aid in future real accidents ($M_{Blood} = 91.00$, $SD_{Blood} = 6.10$: $M_{Control} = 90.39$, $SD_{Control} = 8.30$), $t(43) = 0.282$, $p = .782$.

Conclusion: This study shows that introducing realistic blood early in Stop the bleed-type training of laypeople results in decreased confidence in their wound packing ability. However, it does not decrease their intent to aid in future emergencies. Future studies should investigate when and how complicating factors such as blood should be introduced in laypeople hemorrhage control training.

Preparation of Hospital Disaster Plan in Indonesia: The Mentoring Challenges from Offline to Online Program

Madelina Ariani MPH[1], Satrio Pamungkas MD[1,2], Happy Pangaribuan MPH[1], Bella Donna MD[1]
1. Center for Health Policy and Management, Faculty of Medicine, Public Health and Nursing Universitas Gadjah Mada, Sleman, Indonesia
2. Academic Hospital of Universitas Gadjah Mada, Sleman, Indonesia

Introduction: Located in a disaster-prone country, more than 3000 hospitals in Indonesia must have a Hospital Disaster Plan (HDP). Instead of pursuing only the hospital accreditation