100% of respondents including: ensure all ambulance services maintain readiness for MCIs; conduct joint training and exercise programs; adopt a common model for managing MCIs; and recognize the authority of only one on-site EMS commander. One policy that was proposed was that the senior EMS officer arriving on-site should not necessarily take over command and was endorsed by 92% in the 2nd e-Delphi cycle. Variability among experts according to origin country was noted concerning: (1) assign ambulances to off-duty EMS staff; and (2) dispatch two BLS and two ALS ambulances as an automatic MCI response.

Conclusion: Clear policies shared by all EMSs are needed to ensure effective management and maximal life-saving capacity in MCIs. The study presents consensus-based solutions to varied challenges common to EMS worldwide. Additional studies are needed to further develop policies into measurable and comparable international standards.

Prehosp Disaster Med 2017;32(Suppl. 1):s93-s94
doi:10.1017/S1049023X17002412

Evaluation of the Situation of Trainings Provided by Çanakkale 112 Ambulance Services

Hüseyin Koçak[1], Cüneyt Çalışkan[2], Bektaş Sari[3], Ismail Köse[4], Ibrahim Tuncay[5]

1. Disaster Medicine Doctorate Student, Bezmialem Vakıf Univesity Institute of Health, İstanbul/Turkey
2. Emergency Aid And Disaster Management, Çanakkale Onsekiz Mart University, Çanakkale/Turkey
3. State Hospital, Ministry of Health, Çanakkale/Turkey
4. Director Of Education Unit, Çanakkale Provincial Health Directorate, 112 Ambulance Service Chief Physician, Çanakkale/Turkey
5. Orthopedics And Traumatology Department, Bezmialem Vakif University. Faculty of Medicine, İstanbul/Turkey

Study/Objective: The purpose of this study is to evaluate the present situation as of November 1, 2016, in regard to in-service training provided by the Training Unit of Çanakkale 112 Emergency Medical Services (ÇEMS).

Background: It is important to constantly update and improve personnel training in Emergency Medical Services. The following trainings are provided to personnel in pre-hospital health services: Basic Module Training (BMT), Trauma and Resuscitation Training (TRT), Advanced Life Support Training (ALST), Child Advanced Life Support Training (CALST) and Training for Ambulance Driving Techniques (TADT).

Methods: The study is a descriptive epidemiological study. The data was obtained from the records by Training Unit of Chief of Staff of Çanakkale 112 Ambulance Service.

Results: A total of 395 personnel are employed in ÇEMS. Of those, 57,5% (n = 227) are Emergency Medical Technicians (EMTs); 20,0% (n = 79) are Emergency Medical Technicians (Paramedics). In all, 89,8% of all of the personnel (n = 307) received the BMT; 90,1% (n = 308) received the TRT; 71,6% (n = 245) received the CALST; 61,1% (n = 209) received the ALST. Only 37,0% of them received the TATD. 97% of EMTs (n = 220) received the BMT; 99,0% of them (n = 224) received the TRT; 78,0% of them (n = 177) received the CALST; 70,0% (n = 160) received the ALST; 32,0% (n = 72) received the TATD. Further, 86.0% of paramedics (n = 68) received the BMT; 87.0% of them (n = 69) received the TRT; 67,0% of them (n = 53) received the CALST; 53,0% (n = 42) received the ALST; and, 23,0% (n = 18) received the TATD. 25,0% of doctors received the BMT; 12,0% of them (n = 2) received the TRT; 38,0% (n = 6) received the CALST and 12,0% (n = 2) received the ALST.

Conclusion: It was concluded that since the BMT and TRT were performed in the city of Çanakkale, the participation of EMS personnel was high; on the other hand, since the ALST and CALST were performed in the city of Bursa, the participation percentage of EMS personnel was lower.

Prehosp Disaster Med 2017;32(Suppl. 1):s94
doi:10.1017/S1049023X17002424

Changes in Quality of Prehospital Care and Time Delays in Acute Stroke in Tallinn, Estonia from 2005 to 2016

Katrin Gross-Paju[1], Kateriine Orav[1], Raul Adlas[2], Ulvi Thomson[3], Helle Jaakmees[4], Karin Kannel[4], Svetlana Mironenko[4], Agnes Reitsnik[4], Valli Kaljula[4], Ain Vares[4], Sandra Ütt[4]

1. Tallinn University of Technology, Tallinn/Estonia
2. Tallinn Emergency services, Tallinn/Estonia
3. Stroke Centre, West.Tallinn Central Hospital, Tallinn/Estonia
4. West.Tallinn Central Hospital, Tallinn/Estonia

Study/Objective: The aim of the study was to analyze changes in quality and time delays in prehospital stroke management, and their influence on Door-to-Needle Time (DNT).

Background: Interval between stroke onset and thrombolysis determine the efficacy. Guidelines for stroke management were introduced in 2008 in Tallinn Emergency Medical Services (TEMS). Since 2014, the requirement of pre-arrival information by phone call of a possible thrombolysis patient to the West Tallinn Central Hospital (WTCH)-SS neurologist is in the TEMS guidelines. Since 2014, thrombolysis starts on Computed Tomography table (CT) at WTCH-SS.

Methods: Data of all consecutive thrombolysed stroke patients were recorded prospectively since January 1, 2005 to November 1, 2016 at WTCH-SS. Ambulance records of thrombolysed and non-thrombolysed stroke patients managed by TEMS were retrospectively analysed since 2009. Analysis was conducted for three periods: 2005-2009, 2009- 2011, and 1/1-1/11/2016.

Results: TEMS records were analyzed for 3666 stroke, including 243 thrombosed, patients during selected periods. Changes are depicted in the table. The exact time of onset was recorded on 38.9% (2009-20011) and on 62.4% (2016) of TEMS records. TEMS response time with ECG performed or ECG monitoring was 26.8 and 24.8 minutes, respectively versus 18.2 minutes without ECG. The pre-arrival information of possible thrombolysis to WTCH-SS was recorded in 28.7%. With pre-arrival information mean DNT was 25.8 versus 50.3 minutes without prior call.

Conclusion: TEMS adherence to guidelines has improved, but ECG is performed. DNT times have improved at WTCH-SS. The factors for improved DNT were related to pre-arrival information of possible thrombolysis patients by TEMS and start of thrombolysis in CT.

https://doi.org/10.1017/S1049023X17002424 Published online by Cambridge University Press