

Questionnaire for Nurses (DPQ-N) was used to assess the competencies of the nurses. All pre-to-post differences within subjects were analyzed with paired tests. The statistical level of significance was set at 0.05.

**Results:** Pre- and post-survey differences for interest in disaster nursing, expectation of disaster training, and importance in emergency nursing were 6.7 to 8.1, 7.1 to 8.9, and 8.0 to 8.8, respectively. Results for DPQ-N pre- and post-intervention for basic concepts, planning, patient care, psychological issues, special hazards, epidemiology, communication, personal preparedness, and ethics were 2.1 to 3.6, 2.2 to 3.6, 3.4 to 3.9, 2.9 to 3.6, 2.0 to 3.7, 2.3 to 3.4, 2.1 to 3.6, 3.1 to 3.6, and 2.9 to 3.7, respectively. All results were statistically significant.

**Conclusion:** A multi-modality disaster training program for hospital nurses positively affected perception and performances of the nurses.

Content	Modality
Triage	Table-top, Virtual
Incident Command	Table-top
Life Saving Procedures	Part-task mannequin
Surge Capacity	Table-top
Special Hazards	Scenario-based mannequin

**Table 1.** Content and Modality Matching of the Training Program.

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### Emergency Nurse Knowledge of Emergency Preparedness: An Education Gap Analysis

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**Study/Objective:** This project assessed gaps in emergency nurses' knowledge of Emergency Preparedness and preferred methods of acquiring the necessary education.

**Background:** The New Jersey Emergency Nurses Association (NJENA) Emergency Preparedness Committee was established to assist emergency nurses with preparing for disasters. The 2014 survey was to discern specific educational needs of emergency nurses. The 2016 study was to determine how and where emergency nurses obtain emergency preparedness education professionally and personally.

**Methods:** Survey tools were developed by committee members active in emergency nursing or education. The 2014 tool identified the following areas for study: Emergency Department specific plans; Decontamination Procedures; Active Shooter Procedures; Disaster Triage; CBRNE Events; Incident Command Principles; and Documentation During a Disaster. The 2016 tool assessed where emergency nurses receive emergency preparedness education and their preferences to receive this education (online, in class, or combination). The surveys were distributed to convenience

samples of emergency nurses attending the NJENA Emergency Care Conference in 2014 and 2016.

**Results:** The 2014 gap analysis indicated respondents received ED-specific annual education on Active Shooter, Haz-Mat, and Mass-Casualty incidents; however, 44% indicated they didn't feel adequately prepared by their institution. Less than one-half of the respondents were able to correctly identify the elements of the START triage system and only 50% selected the correct triage category in presented scenarios. The 2016 survey indicated the majority of emergency nurses access health care/hospital emergency preparedness education on their facility's website, while using United States federal government websites personal EP information. Forty-seven percent of respondents preferred self-paced online courses with 38% preferring an instructor led class.

**Conclusion:** This project highlights areas identified as gaps in Emergency Nurses disaster preparedness and preferred methods of receiving the necessary education. The NJENA Emergency Preparedness committee is formulating plans to develop training sessions on the identified gaps in emergency preparedness.

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### Primary Health Care Team Response to Floods in Brazilian Rural Areas

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**Study/Objective:** To describe the practice undertaken by Primary Health Care (PHC) teams to rural populations, flood-related, health-related problems after a disaster in Southern Brazil.

**Background:** Brazil is greatly affected by climate change and natural disasters such as storms and floods. This type of disaster enhances the demand for health services in PHC. Developing clear facility preparedness plans, with the identification of specific job descriptions, is recommended. During the winter of 2014, a flood in Southern Brazil affected rural populations with significant impact on their health and living status.

**Methods:** A qualitative, descriptive, exploratory study was developed. Flanagan's critical incident technique was adopted. Twenty primary health care nurses from 10 municipalities were interviewed. Data analysis allowed the construction of a hierarchy of categories about health problems identified and actions taken by PHC teams during and after the flood.

**Results:** The effects on health status described were: deaths, injuries, psychosocial and behavioral disorders, hypertension, leptospirosis, vector-borne diseases, diarrhea, and skin infections as described in the literature. Other problems were related to lack of medication, shelter situation, and vulnerable populations, such as older adults and pregnant women. PHC practice involved actions to supply medication, assessment of the flooded area, with visits before and after the disaster to warn people and provide help, meetings for response planning, immunization, education and prevention of waterborne diseases, psychological