(KTAS) ≤ 3), 10 non-emergent patients (KTAS>4), 0.9 surgical patients and 0.7 unstable patients simultaneously in normal operating conditions. In extreme operating conditions, they replied they can treat average 26.4 emergency patients (KTAS ≤ 3), 54.3 non-emergent patients (KTAS>4), 37 surgical patients and 2.3 unstable patients simultaneously. The two hospitals (28.5%) had no alternative therapeutic spaces, no back-up plan to call non-duty medical staff and no contingency plan for stuff shortage. Three hospitals (42.9%) did not have decontamination equipment.

Discussion: The survey revealed the basic data for surge capacity planning in Seoul. Data from hospitals other than regional emergency medical centers should be collected for the completion of disaster plans.

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Planning for the Use of Imaging in Mass Casualty Incidents

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Introduction: A mass casualty incident presents a challenging situation in any health care setting. The value of preparation and planning for mass casualty incidents has been widely reported in the literature. The benefit of imaging, in particular, forensic radiography, in these situations is also reported. Despite this, the inclusion of detailed planning on the use of forensic radiography is an observed gap in disaster preparedness documentation.

Aim: To identify the role of forensic radiography in mass casualty incidents and to explore the degree of inclusion of forensic radiography in publicly available disaster planning documents.

Methods: An extended literature review was undertaken to identify examples of forensic radiography in mass casualty incidents, and to determine the degree of inclusion of forensic radiography in publicly available disaster planning documents. Where included, the activity undertaken by forensic radiography was reviewed in relation to the detail of the planning information.

Results: Limited results were identified of disaster planning documents containing detail of the role or planned activity for forensic radiography.

Discussion: While published accounts of situation debriefing and lessons learned from past mass casualty incidents provide evidence for integration into future planning activities, limited reports were identified with the inclusion of forensic radiography. This presentation provides an overview of the roles of forensic radiography in mass casualty incidents. The specific inclusion of planning for the use of imaging in mass fatality incidents is recommended.

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Practicing What You Preach

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Introduction: During a mass casualty incident (MCI) seminar in Rome, Italy a survey was used to gauge the self-efficacy and confidence of the participants in managing an MCI. Following the course, a follow-up presentation was held by the Torino EMS Medical Director to evaluate and debrief the Torino Railway incident that occurred one day prior. Students partook in a seminar on MCI management, as well as a debriefing of the Turin Railway accident in which they evaluated the skills used by teams on the scene to manage the incident.

Methods: Medical students partook in a seminar to learn to manage an MCI scene, as well as a debriefing of the Turin Railway accident. Following both seminars, the students were given a survey to assess their sense of self-confidence in managing such a situation.

Results: The mean level of self-efficacy prior to the MCI training (M=3.43, SD+0.42) increased after the training (M=3.71, SD+0.37) and remained at the same higher level (M=3.71, SD+0.51) after the medical students were exposed to the details of the Turin train accident. The overall difference between the mean self-efficacy scores in the three time frames was not found to be significant. The mean level of confidence in managing MCIs prior to the training (M=2.83; SD+0.89) increased after the training (M=3.56; SD+0.53) and remained higher following the presentation of the Turin train accident, despite a slight decrease (M=3.52, SD+0.63).

Discussion: The participants' surveys showed an increase in their self-efficacy and confidence following the course and follow-up presentation. It is our professional recommendation that real-life events be used in such seminars to increase self-efficacy and confidence. The topic will continue to be evaluated further.

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Preparing for Disaster: Behind the Scenes of Maintaining and Deploying an Emergency Medical Team . . . Equipped. Prepared. Ready.

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Introduction: Deploying an EMT to respond to a sudden onset disaster entails significant operational activities and support back home to deploy and support a responding team. These activities also include peacetime operations, exercising, innovation, engagement, training, and development of both team members and operational staff to further knowledge and experience.

Aim: To exhibit the operational activities and complexities of maintaining a deployable cache of equipment and consumables for deploying a self-sustaining Emergency Medical Team (EMT). This includes the elements of managing a high-performance team, human resource management ensuring the readiness of personnel to rapidly respond, maintaining World Health Organization (WHO) international standards for

EMTs, and the operational aspects and support behind the scenes to deploy a team.
Methods: Analysis of operational activities and support for pre-deployment, deployment, and post-deployment phases including preparedness through innovation, collaboration, development, and maintenance of a high-performance team and cache.
Results: The analysis of operational activities behind the scenes of deploying EMT maps the unique complexities of maintaining and deploying a high-performance team at all stages of deployment, demonstrating the success of a team in the field is attributed to the support and activities of the team back home to deploy them.
Discussion: There is substantial preparation and behind the scenes operational activities that are undertaken to deploy and support a deployed EMT. Lessons learned from each deployment build on the operational capacity of staff deploying a team and on the future directions, innovations, and practices of a deployed team in the field.

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Preparing Health Care Professionals for Public Health Disaster Management

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Introduction: Disasters are a major challenge for public health because of damage caused by death, injury, or illness that exceeds health services' ability to respond. Health professionals and students require awareness and understanding of particular aspects of disaster planning, mitigation, response, or recovery. In Brazil, despite the increase in the number and intensity of disasters, there is no formal acceptance regarding the need to integrate disaster content into curriculum guidelines (1)
Aim: To develop and test referential and models for disaster management health professional education.
Methods: Competence-based education has been proposed. The methodology adopted was developed by the Association (2) and adapted to be used in the Brazilian context. An initial literature search was performed in MEDLINE via PubMed, Google Scholar, Lilacs, and Scielo databases using disaster and competencies as descriptors.
Results: Articles and documents in Portuguese, Spanish, and English were identified for: public health (21), nursing (20), multi-professional (16), psychology (4), pharmacy (4), dentistry (2), medicine (1), veterinary (2), and nutrition (1). Data were organized according to a proposal from the literature (3) Selection of benchmarks for the preparation of education models identified 27 referential, three of them developed in Brazil.
Discussion: Application and evaluation of the methodology developed with undergraduate students of the Federal University of Rio Grande do Sul consisted of an initiative to prepare health care professionals for disaster management.

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The Problems on Your Desk: A Research Study to Define and Describe Paramedic Practice in Canada

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Introduction: Paramedicine is a rapidly evolving profession, growing from its initial role of providing emergency care and transportation of the sick and injured into a broad discipline providing a wide range of care in multiple practice settings, yet the field is relatively unexplored. Much of the research in the field centers on patient care, often from the perspective of emergency medicine. A growing body of literature describing the discipline itself is largely descriptive.
Aim: This interactive presentation describes and contributes to an applied research project that will define and describe Canadian paramedic practice. The research will develop frameworks, common taxonomy and designs, and evidence to support development of a national Canadian Paramedic Information System.
Methods: This two-year mixed methods study is gathering data from a literature review, stakeholder workshops, and key informant interviews. The project will develop "user cases" that explore the issues and challenges facing Canadian paramedic stakeholders and identify the information and data required to address those issues.
Results: The presentation will present initial findings that describe core concepts, data/knowledge structures, and models that are foundational to understanding and informing current and emerging paramedic practice. It will explore this data in relation to operational needs of practitioners, operations, communities, and stakeholders to inform decision-making, guiding policy and direction, and advancing the profession. Lastly, it will develop explanatory principles, models, and relationships in a conceptual framework that describes paramedic practice.
Discussion: The study will develop models and core data sets that guide research and support policy development at local and national levels, and inform operational and strategic decision-making. The presentation will provide an overview of the research and findings to date. Participants will engage in activities that explore the user-cases and selected findings, applying