

guideline development or on the frontline, directly addressing the health care needs of refugees and asylum seekers. In the first instance, the work-group addressed five priority conditions.

Results: The collection “*Health of Refugees and Asylum Seekers in Europe*” was published on December 2, 2016, hosting curated resources from the Cochrane Library and other research outputs, categorized into guidelines; systematic reviews; articles; and other information.

Conclusion: Since publication, the refugee health collection, found on the website *EvidenceAid.org*, has received almost 600 page views, ranking it third amongst most viewed pages after the homepage and the resources tab for that period. On average, users have been spending 2.30 minutes on the page, suggesting the content is commanding attention. We will continue to encourage an evidence-based response to this crisis, and will report on usage of both collections at the conference.

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Ethics and Palliative Care During International Humanitarian Action

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Study/Objective: This is a critical interpretive synthesis of the ethical and practical limitations inherent to the provision of palliative care by humanitarian organizations during public health emergencies. Developed in dialogue with the SPHERE Project, the Palliative Care in Complex Humanitarian Emergencies network, and the Children’s Palliative Care Network, and was situated within a broader qualitative study on the place of and need for palliative care in humanitarian crises. Its findings can be adapted to inform guidelines for aid agencies for the provision of palliative care.

Background: Standards of care in crisis settings emphasize that patients who are dying should be treated with respect and properly attended to. However, in humanitarian crisis where demands for care outweigh resources, efforts are typically directed to those most likely to survive. The need for humanitarian agencies to provide palliative care was recently highlighted in the Ebola crisis, it is still unclear if, and how ‘end-of-life’ care is approached in context. Aid workers need to be equipped with the ability to initiate palliative treatment as a worthy intervention, even in times of crisis and scarcity.

Methods: Literature was captured using standardized, key and mesh term searches through academic databases, including MEDLINE, EMBASE, CINAHL, Web of Science, as well as grey literature databases (ReliefWeb, IGO).

Results: Findings described here include: (1) the interaction of humanitarian principles with triage priorities in disasters; (2) the politics and ethics of healthcare exclusion; (3) 3-case studies exemplifying the need for increased guidance and preparation for palliative care needs in humanitarian emergencies.

Conclusion: This Research for Health in Humanitarian Crises (R2HC)-funded analysis will help elucidate the realities of palliative care needs in humanitarian practice, and inform the development of guidelines and training to better prepare humanitarian healthcare teams for palliative and end-of-life needs in the field.

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Epidemiological Humanitarian Aid: Data for Evidenced Based Decision Making in Disaster and Conflict Medicine

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Study/Objective: Qualitative and quantitative assessment of disaster and Ukraine ATO/Contact Line to report the incidence and prevalence of communicable and noncommunicable disease (NCD) (to include trauma) to better serve policy and decision makers on humanitarian aid packages. A thorough assessment tool for civil and military medical needs, gaps, and reporting that feed into all disaster services to enable evidenced-based decision making.

Background: Currently, many barriers and challenges remain for donors, humanitarian actors, and governmental institutions to appropriately allocate resources due to the lack of sound data and epidemiological principles. Systems and standards for disaster preparedness, prehospital medicine, evacuation chain management, and noncommunicable disease are lacking and require evidenced-based decision making at a policy level.

Methods: A thorough, quantitative, and qualitative descriptive analysis and updated stakeholder mapping to describe the methods for carrying out emergency operations, the process for rendering mutual aid, the emergency services of governmental agencies requiring interoperability, analyze how resources are mobilized, how the public and other agencies will be informed, and the process to ensure continuity of government and core functions, such as rule of law, during an emergency or disaster and all other medical services. This must include a data-driven epidemiological core focus based on data, applicable to any manmade or natural disaster, and be sustainable in nature. This must be testable, reproducible, and well-versed across agencies. Medical support elements and security assets may create a clear picture that will enhance support for both Ukraine MoD, Ukraine MoH, and other NATO-associated partners.

Results: Assessment Reports and data tools able to sustainably highlight disaster preparedness, evacuation chain management,

gaps, and key recommendations supporting NATO's fundamental security tasks.

Conclusion: Recommendations for humanitarian and governmental actors with focus on efficiency and interagency coordination, based on detailed epidemiological information, can decrease morbidity and mortality for the conflict in Ukraine.

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When Electronic Health Records and Humanitarian Aid

Meet: Technology in a Rural Setting

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Study/Objective: We aim to discuss how a simple implementation of a basic electronic health records system has helped to improve efficiency and patient safety for humanitarian aid within a rural setting.

Background: Humanitarian aid involves the challenge of delivering health care within a resource-limited setting, often dealing with cultural and language barriers. To bridge the cultural and language gap, and to keep proper medical records of patients served within a rural setting, we designed a low-cost electronic health records system with accessible components.

Methods: To help create a sustainable method for a humanitarian aid effort in Cambodia to keep track of patients' medical records, we created a simple user-friendly program interface which allows entry of basic medical information, including location of consult, consultation notes, past medical history, and medications prescribed for multiple patients. To accurately match patients with their medical records and proper patient identification, we employed the use of a simple biometric system. We used a dual authentication method, comprising of a simple off-the-shelf fingerprint scanner with a digital camera for photograph taking for facial recognition.

Results: There was positive feedback on the performance of the electronic health record system and its biometric functionality. The system was able to function effectively and cope with the high flow of patients at clinics. The system also led to more efficient medical record keeping and retrieval, with a decrease in manual paperwork. We envision the system to be further improved with time to increase functionality and to remain as a viable low-cost alternative to efficient medical record keeping and retrieval for humanitarian aid in the rural setting. (If selected for presentation, pictures of the EHR and its implementation would be provided).

Conclusion: Utilization of basic and cost effective technology for electronic health records and biometric recognition of patients is possible and helps the provision of medical humanitarian aid in a low-cost setting.

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The Impact of Social Media Platforms on the Engagement of Stakeholders in the Context of the Provision of Humanitarian Data

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Study/Objective: In 2011, Evidence Aid began using multiple social media platforms to disseminate information and engage stakeholders. In 2014, a project was undertaken by Evidence Aid to assess the use of Twitter, after gaining a considerable following of 940 accounts worldwide since joining 28 months previously. The objective of this study was to further understand the impact of the use of social media platforms on the engagement of stakeholders in the provision of humanitarian data.

Background: Evidence Aid provides timely and accessible evidence on interventions that might be considered in the context of natural disasters and other major health care emergencies. Our mission is to inspire and enable those guiding the humanitarian sector to apply an evidence-based approach, and the vision being that those in need receive humanitarian aid in the most timely, effective, and appropriate way possible.

Methods: Analytical tools within each of the social media platforms, as well as Evidence Aid's website, were used to assess the effectiveness of Evidence Aid's online communications in terms of the engagement of stakeholders between 2015 and 2016.

Results: Between August 2015 and August 2016, the traffic to Evidence Aid's website has increased as follows: the average session duration for each user is up by 27% showing users are spending more time on the site, access to the website by Spanish language users increased by 123% due to the addition and promotion of translated summaries, and referrals to the website from social media sources increased by 33%. Referrals from Facebook increased by 43%, LinkedIn by 57%, and Twitter by 9%, suggesting our social media campaigns are driving traffic to the site.

Conclusion: Social media platforms, when used appropriately, can be effective tools in the engagement of stakeholders in the context of the provision of humanitarian data and engagement of influencers in the sector.

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What is the Interest of the International Health Emergency Responders in Organizational Improvement?

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Study/Objective: To clarify the interest of the international health emergency responders in organizational improvement.

Background: Although humanitarian actors are expected to learn and improve from experience and reflection, little has been reported about the interest of the emergency responders in organizational improvement.

Methods: A questionnaire was sent to the members of an International Emergency Medical Team (Humanitarian