Results: Scheduled for deployment in mid 2017, this curriculum will be accessible to over 50,000 prehospital, hospital and clinic personnel throughout Maryland and the National Capital Region of the United States, as well as internationally through the web interface. Curriculum exists of twelve modules of didactic and live video-taped demonstrations.
Conclusion: Online education has been established as a well-validated means of content delivery, and offers an ideal means of content distribution to prehospital personnel. The development of an online educational intervention to educate prehospital personnel in critical issues surrounding high consequence emerging infectious diseases, can help ensure better patient care and prehospital EMS system readiness.
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Three-Wheeler Driver Training on Prehospital Emergency Care Service Provision in Anuradhapura Sri Lanka

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Study/Objective: To improve the capacity of Three-Wheeler Drivers (TWDs) on prehospital emergency care provision and patient transport in the City of Anuradhapura.
Background: Since the Tsunami of 2004, the most destructive natural disaster in the country Government of Sri Lanka, together with a number of private organizations, attempted to establish prehospital care service provisions; however they failed to establish such to date. World Health Organization (WHO) recognizes, the development of a lay person first responder program, as the initiation towards establishing proper EMS in resource poor settings. Anuradhapura is geographically the largest district situated 220 Km, (137 mi.) away from the Capital.
Methods: A descriptive study was carried out over a period of two weeks in the Teaching Hospital of Anuradhapura (THA), the only tertiary care center in the district, to identify the contributions made by the TWDs on emergency patient transport. A group of TWD (N = 37) was trained on first aid, and some components of BLS and safe patient transport. A training module was developed with the aid of consultant anesthetists, surgeons and triage nurses working in THA. Pre and post assessments were compared to assess the effectiveness of the training program.
Results: Nearly three quarters of patients admitted to the emergency medical and surgical units were transported in TWS (74,7%, n = 454). Cardiovascular incidents including MI (14.9% n = 68), snakebite and poisoning (3.3%, n = 15) were the most common medical emergencies; while Trauma including RTA was the most common surgical emergency (44.9%, 204). Participants for the training program had an average of 13 years (SD 5.4) experience as a TWD, and has handled 12 emergency patients a year (SD = 7.95). Nevertheless, none of them has had a previous exposure to training on EMS; Paired t test showed significant improvement on the post training assessment ($t = 16.954$, 95% CI6.47tp 8.23, $p < 0.00$).
Conclusion: Considering the pattern of emergency patient handling in the area, TWDs could be the best layperson group to train on EMS. Training module should be designed in a way to address the most common emergency conditions.
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Death in an Ambulance in Rural Haiti: Proper Care of the Recently Deceased

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Study/Objective: To describe the issues encountered during the profession of emergency care to a severely injured patient, who ultimately died during transport.
Background: Severely injured patients can die during ambulance transport to a hospital. The appropriate care and disposition of the deceased varies greatly depending on location, and carries significant implications.
Methods: The case was discussed with providers involved in the care of the patient, and the local Haitian staff who assisted in the ultimate disposition of the body.
Results: A severely injured man involved in a motor vehicle collision in rural Haiti was transported by ambulance to the nearest trauma hospital. No identification of the patient or his next of kin was possible. En route, the patient became pulseless despite active resuscitation. On arrival, a non-national physician entered the ambulance and declared the patient deceased, prior to accepting patient care or allowing the patient to leave the ambulance. He then refused to accept the deceased, stating the hospital lacked storage facilities and the resources to identify the next of kin. Consultation with the Haitian director of the clinic where the ambulance was based, led to the decision to return the deceased to the clinic and await the police. Following a police investigation, the deceased was transferred to the national hospital morgue.
Conclusion: Proper care of the deceased is a highly sensitive cultural matter. In this case, the clinic director's advice for future incidents was to await next of kin before transport in all cases. In regions where prehospital care is uncommon, cultural beliefs and legal statutes may not take into account the ramification of delayed care for the critically injured. Developing an understanding of local, legal and culturally acceptable means of properly caring for severely injured patients who die, is paramount to any international medical operation.
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Does Rotor Wing Evacuation Shorten Total Prehospital Time? Analysis of Data from Southern Israel

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Study/Objective: To evaluate the effect of rotary wing evacuation by the Israeli air force medevac unit on prehospital time in the south of Israel.