

2013 and started the global EMT classification, a quality assurance program for EMTs, in 2015. There are 16 classified EMTs in the world as of October 2018. The Association of Southeast Asian Nations (ASEAN) region is a disaster-prone area. Therefore, the need for EMTs is relatively high. However, there is no classified EMT in the ASEAN region. Factors that prevent the global classification of EMTs in the ASEAN region are unknown.

Aim: The objective of this study was to analyze the inhibitory factors of the global EMT classification in the ASEAN region.

Methods: A questionnaire survey was taken to the 10 national groups of ASEAN countries. Each group consisted of EMT-related personnel. They were 39 participants for the third AMS Training of the ARCH Project held in May 2018. 10 national groups were asked to answer whether governmental EMT of their country is able to meet the criteria for the EMT global classification. The criteria were written in the WHO-provided minimum standard self-assessment checklist for the Type 1 fixed EMT.

Results: Among 39 categories in the self-assessment checklist, 5 were the most difficult categories to meet the criteria: [Core Standards] Self-sufficiency, Sanitation, and Waste Management; Indemnity and Malpractice; [Technical Standards] Logistics; EMT Capacity.

Discussion: There are some limitations to the study. Non-governmental EMTs were not covered. Participants of the training were not at the official EMT focal point for the global EMT classification. Logistical requirements may be inhibitory factors of the global EMT classification in the ASEAN region.

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The Evaluation of the World Health Organization's Minimum Dataset in Disaster Health Management in the Association of Southeast Asian Nations

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Introduction: The Minimum Data Set (MDS) developed by the World Health Organization (WHO) has been widely used among medical practitioners in International Emergency Medical Team (I-EMT) as tools to collect health information and statistics in disaster health management. The I-EMT submits MDS to the Emergency Medical Team Coordination Cell (EMTCC) for the planning of responses. The Project for Strengthening the Association of Southeast Asian Nations (ASEAN) Regional Capacity on Disaster Health Management (ARCH Project) is the ASEAN's project that has applied MDS to its activities with the main purpose of strengthening informational management during a disaster.

Aim: The study aims to evaluate the performance of MDS after being utilized in the Regional Collaboration Drill (RCD) organized by the ARCH Project in July 2017.

Methods: The performance of MDS has been evaluated by ten International Emergency Medical Team (I-EMT) of ASEAN Member States who participated in the RCD.

Results: The assessment forms were returned by ten I-EMTs, and all respondents addressed several points for the revision of MDS (10/10), including the format and the content of the MDS. Concerning the format, respondents stated that the fonts are too small (3/10), and spaces for recording additional information are needed (3/10). On the other hand, the majority of respondents suggested that some of the contents within the MDS are still unclear or some terminologies are needed to be further clarified (6/10), especially with the referral form (5/10).

Discussion: The current version of the MDS utilized for the EMT coordination should be edited and revised for its optimal usage. Applying MDS to disaster simulation is an efficient approach to test its application.

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International Disaster Medical Relief of China: Lessons and Practices

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Aim: This descriptive study explored barriers and difficulties faced by an international disaster relief team from China, which took part in two types of international disaster relief missions.

Methods: Data was collected since the founding of the Chinese international disaster relief team, including information on team composition, operational hours, and average number of patients rescued and treated by staff per day, etc.

Results: Overall, thirteen disaster relief missions utilizing the Chinese disaster relief team occurred in eight countries. All the operations were divided into two kinds of models: Urban Search and Rescue mission, and Emergency Medical service. The first model consisted of search, rescue, and emergency medical services on site. The ratio of medical staff on the team accounted for 18.8%. According to the six international health-based operations, the team was deployed ten days following the disaster, with an average working time of 17.8 days, and benefiting around 6,812 wounded and sick persons per operation. Compared with these two models, medical-based operations deployed more staff after the disaster and had a longer window of operation. The beneficiaries of medical-based operations are ten times greater than those of rescue-based operations. The differences are distinct.

Discussion: Missions will better meet the needs of international relief by enhancing organizational coordination among medical teams around the world, and by contributing to the communication between teams. They will further benefit from technical capacity building, regional coordination trainings, formatting the standard of teaming building, and evaluation of the work.

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Research on the Design of a Training Course for an International Emergency Medical Team

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Introduction: Currently, Technical Advisors of the World Health Organization's (WHO) Emergency Medical Teams (EMT) Secretariat are conducting standardized verification work for international emergency medical teams in various countries and organizations. However, a uniform and standard training course for an International EMT is lacking.

Aim: To design a training course model based on knowledge structure, teaching, and evaluation methods for an International EMT.

Methods: The first and second level catalogue defined as chapters and sections for the International EMT training curriculum were drafted based on literature and summaries of fragmentary experience. The teaching syllabus with the method of teaching and evaluation was initially outlined. The expert consultation form was designed and validated. Experts from International EMTs from various countries were consulted and investigated. The Delphi method was used, and the chapters and sections were adjusted and weighed according to experts' advice through the Analytic Hierarchy Process. The teaching and evaluation methods for each knowledge module were obtained based on suggestions from experts.

Results: A total of 25 experts were consulted. By 2 rounds of consultation with a Kendall coordination coefficient W value of 0.210 and chi-square value of 78.61 ($p < 0.05$), consensus about the knowledge structure for the curriculum was achieved, which consisted of 6 chapters: (1) introduction of International EMT, (2) Disaster medicine, (3) Global health, (4) Care in austere condition, (5) Medical technology, (6) Field training, with the weights of 0.1415, 0.1584, 0.1536, 0.1827, 0.1728, and 0.1909, respectively, and 32 sections. Teaching methods for different knowledge modules were determined, which included lecture, demonstration, discussion, drills, and tabletop simulation. The evaluation methods were affirmed via a quiz, written examination, skill test, and teamwork test assessed by intra-group and inter-group evaluation.

Discussions: Through scientific investigation of experts from International EMTs, a training course model for International EMT was established.

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Review of Effectiveness of the Foreign Medical Team Deployment in Nepal Earthquake, 2015

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Introduction: Nepal experienced a massive earthquake on 25th April, 2015 measuring 7.8 Richter scale followed by large aftershock on 12th May that further added to the destruction, especially in Sindhupalchowk and Dolakha. On request of Government of Nepal, international community extended financial and technical assistance to overcome the impact of the earthquake. Foreign Medical Teams (FMTs); now known as emergency medical team, from different countries and volunteers from within the country had helped in health service delivery.

Aim: to get a clear picture of Strengths, Weaknesses/Gaps and Areas of Improvement that would be very important in making the response better in any future events of such scale when discussed and shared with all relevant stakeholders in Nepal.

Methods: It was a multi-method study. Both quantitative and qualitative approaches were used to have an in-depth overview of the research question and the objectives set for the study. Records and reports relating Foreign Medical Team Coordination Committee (FMTCC) and meeting minutes of Health Emergency Operation Centre were reviewed.

Results: Total of 8,962 deaths and 22,302 injuries occurred following earthquake of which 8,864 deaths and 21,156 injuries occurred in the most affected 14 districts of Nepal. In FGD and KIIs, most of the participants highlighted the earthquake had a huge impact on infrastructures. A large number of casualties were reported immediately after earthquake. Health facilities were overloaded with injured patients. One hundred and thirty-seven FMTs from 36 countries worked in Nepal to provide medical relief.

Discussion: Timely preparation and readiness of the procedures to handle the FMTs including their registration process, medical licensing procedures, procedures of coordinating mechanisms with the district, case management and treatment guidelines to be followed by the FMTs are crucial to have a better health sector response including that of FMTs.

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The Roles of ARCH Project in the Strengthening of the ASEAN Disaster Health Management

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Introduction: The Project for Strengthening the Association of Southeast Asian Nations (ASEAN) Regional Capacity on Disaster Health Management (ARCH Project) is the project under the collaborative framework between the National Institute for Emergency Medicine, Thailand, Ministry of Public Health, and Japan International Cooperation Agency. The project aims to strengthen disaster health management focusing on the International Emergency Team (I-EMT) operation and coordination in ASEAN by using various mechanisms, for example, regional collaboration meeting, regional collaboration drill, training, etc.

Aim: The study aims to evaluate the outcomes which ARCH Project's activities have been facilitating to strengthen the ASEAN disaster health management.

Methods: A comparative study is utilized to see the improvement of the ASEAN disaster health management of the current situation and the project's outputs compared to the previous survey in 2015.

Results: Recent ASEAN disaster health management has been strengthened in three distinctive dimensions: (1.) national capacity of each ASEAN Member States is being strengthened