

less emotional and financial support experienced a greater feeling of sadness, social isolation, and suicidal thoughts. The study also suggested that people who live in temporary housing are strongly affected by economic insecurity and that it aggravates the risks for social isolation and psychological distress.

Discussion: Although there were limitations regarding standardization and compatibility, this research found that the qualitative method can obtain the data which the quantitative method cannot reach. Scale-up of universal guidelines including the knowledge from qualitative research and case report under the devastating disaster setting is anticipated for better evidence base for next coming disaster.

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Low-Cost High-Efficiency Joint Training Program

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Introduction: As the second largest metropolitan area in Canada, Montréal has its share of risks for disasters and major incidents. In such events, the interoperability of emergency services is critical to effective interventions. As the emergency medical service (EMS) for the cities of Montréal and Laval, the Urgences-santé Corporation (USC) has close ties with several emergency partners on the territory, including police and fire departments. These different organizations have joined forces to develop a tabletop exercise program (TEP) to train operational managers to initiate a better-coordinated response on joint interventions.

Aim: The TEP was designed to enhance interoperability in the field by improving communication and the understanding of the roles, responsibilities, methods of coordination and decision-making in each of the organizations involved. The aim is for all of USC's operational managers to participate in at least one exercise of the TEP within the first year of the program.

Methods: Selection criteria were established to gather, for each exercise, managers that are likely to work with one another on a real intervention. The TEP was also designed in such a way that its implementation would require few resources and yield minimal impact on regular operations.

Results: After four pilot exercises to fine-tune the approach, the program was launched on October 5, 2018. We have now run eight exercises, each involving one or more USC supervisor. The response has been very favorable from the participants as well as their directors.

Discussion: In the short term, the TEP helps managers understand their counterparts' key issues, and has already yielded improvements in our joint interventions. In the longer term, the program will help identify specific training needs to better equip responders.

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Low-Cost Tabletop Simulation for Disaster Triage

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Introduction: Disaster Medicine training in most parts of the world is done in a practical manner to allow users to practice the skills of triage and resource allocation.

Aim: To develop a low-cost tabletop simulation and measure its effectiveness from the user perspective.

Methods: A modified Delphi approach was used in developing a low-cost tabletop simulation exercise. Simple playing cards were used as patients with specific vitals and injuries. Two Hundred trainees of the National Ambulance Service were used to test the exercise. All the participants had an equal chance to triage a patient and arrange transport to an appropriate facility.

Results: All participants expressed their satisfaction in the design and implementation of the tabletop exercise. Over 90% showed interest in replicating the exercise in their respective setting due to the low-cost nature of the setup. During the exercise, 0% of the patients were triaged correctly, while 80% were transported from the scene in an orderly manner. All the participants agreed on the useful and educational value of the exercise.

Discussion: The use of a low-cost tabletop exercise in disaster medicine training is essential for low- and middle-income countries to promote education, and has been shown to be acceptable and feasible.

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Management of Dead in Mass Disasters: A Review of Sri Lankan Perspectives since 2004

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Introduction: Sri Lanka has experienced a multitude of natural and man-made disasters during the last five decades. Man-made destructions were common during the 30-year-long conflict period. Though the local system in the country was able to manage the dead in such circumstances, the South-Asian tsunami in 2004 highlighted the limitations and deficiencies of the system that was in place to handle the management of the dead during major disasters. Though the first Disaster Management Act was introduced in 2005, it has no mentioning regarding management of dead in mass disasters. Inappropriate handling of the dead could hinder the establishment of the identity of the dead, loss of valuable forensic evidence, and dignified burial. Hence, the families could experience difficulties in calming insurances and inheritance, resulting in economic hardships. In this backdrop, the forensic community strongly felt the necessity of stipulating best practices in managing dead.

Aim: To critically assess the measures taken to improve the standards of managing dead in mass disasters in Sri Lanka over the past 15 years.

Methods: The process of drafting guidelines for management of dead was initiated with a series of consultative meetings with the Disaster Preparedness and Response Unit of the Ministry of

Health, the Disaster Management Centre (DMC) and the Institute of Forensic Medicine and Toxicology (IFMT) in collaboration with the College of Forensic Pathologists of Sri Lanka. A working group representing forensic and legal experts, military, police, fire brigade department, and disaster management were involved in drafting these guidelines. Further guidelines for the effective conduct of mass burials following mass disasters were also prepared and published in 2007.

Discussion: Despite all these efforts the efficacy of managing dead in recent mass disasters is still far from satisfactory.

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Mass Gatherings and Youth Peer Volunteerism

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Introduction: Music and sporting events are mass gatherings with unique risks related to participation. “All-ages” events, which include participants below the age of majority (18 in many jurisdictions), have been observed to have an over-representation of patient presentations in the youth category. Peer helpers may lower the barrier to seeking on-site care. Youth (peer-aged) volunteerism provides opportunities for exposure to new environments, skills, and mentorship. Medical volunteerism may promote personal satisfaction through prosocial behavior (i.e., helping others), community engagement and immersion into a potential health professions career path.

Methods: We conducted an observational pilot feasibility study with feedback forms and semi-structured interviews. The pilot program paired youth with parents/guardians/responsible adults as health care volunteers at special events.

Results: Youth/adult dyads volunteered for a variety of events in Canada during the 2018 event season. All participants in the “Juniors Program” completed at least a Standard First Aid course, including orientation to personal safety and confidentiality. Each pair worked in one of two areas: first aid or Festival Health (the harm reduction space at music events) providing peer-to-peer and “all-ages” support. Post-event feedback from the dyads revealed many positive experiences and universally called for more opportunities.

Discussion: A strong volunteer base is an asset to any community. In this pilot study, the volunteer experiences were supervised by a team of credentialed health care professionals. The authors report on qualitative feedback in themes based on patient perspective, volunteer perspective, team perspective, and event management perspective. More research is needed to measure the outcomes of the Junior’s Program. More investigation is needed to determine not only the long-term benefits of participation on event medical teams, but also to identify factors that shape a positive experience for youth, their parents, and the event participants that they support.

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Measuring Student Nurses’ Preparedness and Resilience for a Disaster Setting

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Introduction: Nurses have long been utilized in disaster response and recovery and they possess broad skill sets, which are critical in times of crisis. However, studies show that more than 80% of nurses who volunteered in disasters settings have no disaster education.

Aim: This project explored the disaster knowledge, preparedness, and resilience of 2nd and 3rd-year undergraduate student nurses in a Bachelor of Nursing Science program in a regional university to garner support for the introduction of dedicated disaster nursing education, which is currently absent from Australian undergraduate nursing curricula. Whilst disaster management processes in Australia are robust and Australian health care systems have explicit plans in place, the same cannot be said for all countries and health care systems. Australian trained nurses are highly valued and actively sought in the global health workforce market. In a world marked by increasing change and instability, the lack of dedicated disaster education and skills in the largest health workforce increases the overall vulnerability.

Methods: Data were collected using the Disaster Preparedness Evaluation Tool, the Connor-Davidson Resilience Scale, simple demographics, and a previous disaster experience questionnaire.

Results: The results highlight important gaps in current practice and vulnerabilities in the current disaster management framework. Local students scored higher results in preparedness and resilience.

Discussion: Student nurses are an underutilized resource in disaster preparation and by response teams around the world. With a global intent of shared responsibility and increased resilience in individuals and communities before, during, and after disaster events, dedicated capacity building of nursing staff has the potential to address key factors and simultaneously utilize an underappreciated demographic of student nurses. To the best of the author’s knowledge, this project is the first to explore disaster knowledge, preparedness, and resilience in undergraduate student nurses using validated disaster preparedness and resilience tools in Australia.

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Measuring the Masses: Guidelines for Publication of Case Reports on Mass Gatherings

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