

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