3. Tan Tock Seng Hospital, Singapore, Singapore
4. Ng Teng Fong General Hospital, Singapore, Singapore
5. Singapore General Hospital, Singapore, Singapore

Introduction: Casualties need to be triaged, stabilized and treated before they can be evacuated to the hospital. However, when Field Medical Teams (FMTs) arrive at the First Aid Post (FAP), the staff has to perform outside of their usual settings. There are also differences in the conception of medical operations, organization of the FAP, availability of medical equipment and supply, as well as means of communication, command, and control which can affect their performance and eventually the optimal survival of casualties during a mass casualty incident.
Method: Guided by Kern's model for curriculum development, Disaster Medical Responder's Course (DMRC) was developed. The curriculum focused on disaster response operations and processes; roles and responsibilities; command, control and communication; as well as supplies and resources. The content was taught through interactive lectures and skill stations. Course evaluation was based on the Kirkpatrick Model. A feedback form evaluated the reaction of the participants as to whether the course was relevant, if they learnt new knowledge and skills, and if they could apply these to their roles as FMTs. A tabletop exercise evaluated learning with participants working collaboratively.
Results: DMRC has been sustainable since 2013 with six to eight courses per year. There had been numerous revisions of the content and delivery to keep up-to-date with the latest concept of operations, best practices from the literature, as well as educational methodologies. The last update was in 2020 in response to the COVID-19 pandemic where course schedule and mode of delivery were adjusted to comply with the safe management measures.
Conclusion: FMTs will require training so they can function to their maximum capacity and capability. In Singapore, DMRC is the course for this unique and important training of FMTs. DMRC plays a pivotal role in ensuring the preparedness and operational readiness of FMTs for mass casualty incidents.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s182–s183
doi:10.1017/S1049023X23004727

Hypothermia Management, an Evaluation of a Novel Lightweight System.

Philippa Caine MBChBz, BSc (Hons)[1], Tatiana Zhelezniakova MBChB[2], Mark Taylor PhD[3], Colin Smart BSc (Hons)[4], Simon Pennells BSc (Hons)[5], John Hall MBE, FIMC, RCS Ed. Hon Senior Clinical Lecturer[2]
1. The University of Liverpool, Liverpool, United Kingdom
2. The University of Birmingham, Birmingham, United Kingdom
3. University of Leeds, Leeds, United Kingdom
4. TSG Associates LLP, Halifax, United Kingdom
5. Kingfisher Medical, Columbus, USA

Introduction: Accidental hypothermia remains an important contributory factor to the mortality of trauma patients in both civilian and military environments. As a component of the 'lethal triad' it poses a significant problem in patients at risk of hemorrhage from traumatic injuries. Systems used to mitigate hypothermia in the prehospital environment must strike a balance between weight: size ratio and optimal performance.
Method: This study compared three hypothermia mitigation systems; two leading products and the novel Xtract™SR Heatsaver, over a three-day trial period. Seven subjects were placed in a closed system, held at around 0°C, to promote the onset of mild hypothermia. Individuals with a tympanic temperature recording of < or = 35°C were placed into one of the three systems. Recordings of aural temperature and a numerical perceived comfort score were made every 15-20 minutes to assess rate of rewarming and subject's perceptions of the process. An additional study was carried out by an experienced consultant in military and civilian emergency medicine, on day three of the trial, to determine the ease of clinical assessment of individuals placed inside the Xtract™SR Heatsaver prototype.
Results: On all three days, subjects placed in the Xtract™SR Heatsaver recovered from their hypothermic state faster than those placed in the other systems. Clinical assessment could easily be performed on a patient placed in the Xtract™SR Heatsaver system.
Conclusion: Results demonstrate that the new Xtract™SR Heatsaver system is superior with regards to reducing heat loss, increasing patient comfort and allowing for clinical assessment. The study also highlights the importance of the use of adjuncts such as heat cell blankets and insulation matts alongside hypothermia mitigation systems deployed in the prehospital environment. Furthermore, data gathered provides scope for future research into nuances surrounding the effects and onset of hypothermia.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s183
doi:10.1017/S1049023X23004739

Using Ambulatory Care Sensitive Conditions to Assess Primary Health Care Performance during Disasters

Alessandro Lamberti-Castronuovo MD, MSC, PhD[1,2], Martina Valente PhD[1,2], Chiara Aleni[2], Ives Hubloue MD[3], Luca Ragazzoni MD, PhD[1,2], Francesco Barone Adesi MD[1,4]
1. CRIMEDIM - Center for Research and Training in Disaster Medicine, Humanitarian Aid and Global Health, Università del Piemonte Orientale, Novara, Italy
2. Department for Sustainable Development and Ecological Transition, Università del Piemonte Orientale, Vercelli, Italy
3. Research Group on Emergency and Disaster Medicine, Brussels, Belgium
4. Department of Translational Medicine, Novara, Italy

Introduction: Ambulatory care sensitive conditions (ACSCs) are health conditions for which appropriate primary care intervention could prevent hospital admission. ACSC hospitalization rates are a well established parameter for assessing the performance of primary health care (PHC). Although this indicator has been extensively used to monitor the performance of PHC systems in peacetime, its consideration during disasters has been neglected. The World Health Organization (WHO) has acknowledged the importance of PHC in