various intervention sectors where work conditions are often difficult. Once juxtaposed to the characteristics attached to disasters (nature, suddenness, duration, intensity, etc), the characteristics of the workers (intervention skills, training received, intrinsic efforts made, etc) and to the characteristics of the organizations (expectations towards their employees, organizational support offered to the employees, extrinsic efforts required, etc), these conditions increase their level of vulnerability by exposing them to environments harsh to manage. This vulnerability experienced by the workers in an emergency period can be reflected through symptoms such as anxious disorders and exhaustion. This poster will present the major findings of recent studies in this field (impact of disaster on the psychological health of workers) while under lighting personal, contextual and organizational factors which either contribute to the presence of psychological health issues for the workers or facilitate their resilience.

(P1-57) Develop New Mechanism of Capacity Building of Disaster Preparedness in China

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Background: China is one of the countries most affected by natural disasters, it is an important restricting factor for economic and social development. However, Disaster Medicine training is not included in medical education curriculum in China, continual training is separated among public health professionals and clinical personals.

Methods: WHO provides technical and financial support for public health emergency preparedness through intensive training and workshop. We intended to develop a new working mechanism under the support of WHO and MOH, China for capacity building of disaster preparedness in China with the combination of public health professionals and clinical personals though TOT training.

Results: Through the new mechanism, public health professionals from CDC system and clinical personals from hospitals could benefice mutually fro each side and strengthen the effectiveness for the disaster preparedness.

Conclusion: The new mechanism increases the effectiveness of capacity building for disaster preparedness, TOT training should transit from national level to local level.

(P1-58) Frailty, Dementia and Disaster: An E-Learning Initiative for Health Care Providers

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Frailty, Dementia and Disaster: an e-learning initiative for Health care providers D. Maltais[1], M. Gibson[2], L. Hardy[3], S. Ruthe[4], [1]University of Quebec, Chicoutimi, [2]St. Joseph's Health Care London, London, [3]Health and Social Services, Yukon Territory Government, Whitehorse, [4]Emergency Program, Corporation of the District of Oak Bay, Victoria, Canada.

This poster describes the development, piloting, evaluation, and dissemination of the e-learning tool: "Frailty, Dementia and Disasters: What Health Care Providers Need to Know". The purpose of the e-learning tool is to contribute to international efforts to reduce the disproportionate vulnerability of older adults in emergencies and disasters. Key literature on geriatric emergency preparedness and response issues, including the roles and responsibilities of health care providers, was identified and synthesized. Content was piloted in a facilitated workshop in Ontario. A Canada-wide health provider reference group provided feedback on the transition from a traditional powerpoint presentation to an e-learning format. The evaluation process included facilitated review of the tool by health care providers in two in-person workshops in each of Yukon and Quebec and in an independent review by health care providers in British Columbia (virtual). The learning objectives of the e-learning resource are to help health care providers, administrators and policy makers understand the: · disproportionate vulnerability of older adults who are frail and those who have dementia, in emergencies and disasters; · components of the emergency management cycle and how they apply to this target population; · best practice resources that can be used to improve emergency preparedness, response, recovery and mitigation; and · role of health care organizations and providers in emergency management for these older adults. The e-Learning tool is hosted with open access on www.dementiaknowledgebroker.ca (DKB), a platform facilitated by the CDRAKE - the knowledge exchange theme of the Canadian Dementia Knowledge TranslationNetwork (CDKTN).

(P1-59) Atom Course in Japan

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Introduction: Trauma care is one of the key components of disaster medicine. However, it is difficult in Japan to gain extensive experience in trauma surgery, especially penetrating trauma. The Advanced Trauma Operative Management (ATOM) course was developed as a model for teaching operative trauma techniques to surgical residents, fellows, and attending surgeons as the number of these cases decreases in the US. In 2008, a new ATOM training site was established at Jichi Medical University in Japan, and as of December, 2010, five courses have been offered.

Methods: The ATOM course consists of lectures and a porcine operative experience. Comprehensive evaluation of ATOM was designed to assess participant learning in the cognitive, affective, and psychomotor domains. Data on the first 36 participants was retrospectively collected and analyzed.

Results: Participants included: 20 expert trauma surgeons, and 16 general surgeons. All groups showed improvement in knowledge (pre-test score: 61.9 ± 16.4 (mean ± standard deviation), post-test score: 70.6 ± 16.5, *p*-value < 0.001) with results in the expert and fellow groups reaching statistical significance.