

biologique) placé en situation de tension critique, a fortiori en situation de crise/catastrophe. Ce postulat autorise une analyse non plus seulement sur l'identification des causes et la description de leur enchaînement probable de l'approche de type « sûreté », mais de réaliser une véritable taxonomie de ces causes.

#### Results:

Points clés relatifs aux Cindyniques
– intègrent la propension de toute situation à se diriger inéluctablement vers le désordre si elle est livrée à elle-même
– identifient la nature asymptotique de la prévention des risques basée sur la seule analyse des dangers matériellement perceptibles et d'une réponse purement technique ou procédurale
– reconnaissent les niveaux « global », « individuel », « interindividuel » et « organisationnel » comme critiques
– constatent l'influence du contexte, des flux, de la dynamique et des interactions au sein d'une situation, sur la constitution d'un danger
– perçoivent l'existence de conditions additionnelles « imperceptibles » ou « impensables » susceptibles de renforcer le caractère cindynogène d'une situation
– postulent la nature multidimensionnelle du danger descriptible grâce à un espace à 5 dimensions

**Table 1.** Points clés relatifs aux Cindyniques.

**Conclusion:** Le prisme des Cindyniques permet, in fine, d'acter l'importance des représentations, en pointant que « le risque se mesure, la menace se subit, le danger s'affronte » ce qui abouti au triptyque stratégique « affronter – réguler – dépasser » la crise/catastrophe.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s21–s22

doi:10.1017/S1049023X17000772

### The European Advanced Medical Strategic Triage Doctrine, as a Potential Enrichment for the Federal Emergency Management Agency's National Response Framework

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**Study/Objective:** Clarifying the European advanced medical strategic triage doctrine, and highlighting its key features and strengths when it comes to mass-casualty situation management.

**Background:** Mass-casualty events, such as accidents, disasters, or public health emergencies, call for organization to take advantage of the “golden hour” and to ease overwhelmed hospitals in order to maximize victims' survival rate.

**Methods:** This expert review examines available literature and outlines a practical approach to manage mass-casualty situations, on the basis of a doctrine initially developed by the French Society for Disaster Medicine and extensively practiced in France and continental Europe today.

**Results:** The European advanced medical strategic triage doctrine differs from other doctrines that only focus on Hospital comprehensive emergency management plans, to respond to a unique combination of patient numbers and care requirements, that challenge a given community's ability to provide adequate patient care using day-to-day operations, in that it insists to treat patients as much as possible at the scene by sending trained physicians and nurses to the nearest spot of the tactical zone (even within the tactical zone, the so-called “exclusion zone”), in order to deliver on-site damage control to prolong the “golden hour” window of therapeutic opportunity and allow an advanced medical strategic triage in combination with a medical strategic dispatch that hierarchies and buffers victims' medevaced to the best nearest available trauma center or resuscitation unit with optimal use of assets.

**Conclusion:** The issue of mass casualty associated with terrorism has revealed limitations of doctrines that focus on hospital response plans only. Those limitations call for solutions that can be nurtured by the advanced medical strategic triage doctrine.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s22

doi:10.1017/S1049023X17000784

### Establishment of a National Catastrophe Plan for the Delivery of Care for Burn Patients in Lebanon

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**Study/Objective:** This study aims at gathering data concerning the care of burn patients in Lebanon. Based on the findings, a national burn plan will be drafted to standardize burn treatment.

**Background:** Due to Lebanon's tumultuous status and poor infrastructure, burn victims are common. Regardless of the cause, whether politically motivated or a household accident, the country lacks the multi-disciplinary approach to deal with these patients in the acute setting and on a long-term basis. The absence of a national catastrophe burn plan, which would potentially reduce the mortality and morbidity by standardizing burn treatment, renders the situation even more despairing. Currently, one burn center exists in Lebanon providing only 10 specialized beds. This facility cannot accommodate for catastrophes that Lebanon so commonly experiences.

**Methods:** Questionnaires were disseminated to physicians in 4 hospitals, emergency medical team responders in 3 Lebanese Red Cross centers, the Lebanese Army and the Lebanese Civil Defense with the approval of the Lebanese Society of Emergency Medicine and the Syndicate of Hospitals, after obtaining informed consent. The questions covered topics including burn treatments, patient triage, burn wound evaluation, and the perceived role of the different parties involved in dealing with a burn catastrophe.

**Results:** Given that we are nearing the end of the data collection phase, results will be presented at the conference.