

**Results:** The use of rapid improvement events is reviewed in the context of disaster, after action reviews, and examples of developed downtime processes will be discussed.

**Conclusion:** Rapid improvement event methodology can be used to effectively develop disaster preparedness plans.

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### An Accelerated Incident Command System Course for Hospital Leadership

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**Study/Objective:** To design and implement a four hour Incident Command System (ICS) course for training hospital leadership personnel.

**Background:** Incident management is a key component in hospital disaster response. The higher level US classes, designated FEMA IS-300 and 400, are recommended for training leadership involved in disaster management. Both classes are 16 hours in duration each, and this length of time is prohibitive to getting senior leadership trained. We recognized the cohort of hospital leadership to be taught, represents a select group of highly educated learners who would be capable of rapidly learning ICS.

**Methods:** We developed a four hour accelerated course that pulls elements of general incident management together in a hospital specific curricula. Online IS 100, 200 and 700 are required as prerequisites. The course integrates basic ICS principles with elements of IS 300 and 400 applicable to hospitals. This material is taught as a blend of review, new lecture content and practical exercises.

**Results:** The curricula has been successfully piloted with 20 senior physicians and nurse managers. Initial results show they were able to comprehend the material and demonstrate practical application.

**Conclusion:** An accelerated ICS training course can be used to successfully train hospital leadership in disaster management.

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### Emergency Preparedness amongst Health Professionals for a Mass Casualty Incident (MCI) in the State of Assam, India

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**Study/Objective:** The objective of the study was to identify the basic skills and knowledge of the Health Professionals; impact of the training provided by experienced Doctors and Public Health Professionals of our NGO ‘Academy of Trauma’ (AOT); and to spot the barriers in handling Mass-Casualty Incident (MCI) in the state of Assam, India.

**Background:** Assam is prone to natural disasters (flood, earthquakes) and manmade disasters due to its unique geopolitical position. Such disasters slow development, causing massive impact on existing health care services. Realizing that there

is a gap in preparedness of the health care system in handling MCI, our NGO ‘Academy of Trauma’ has imparted training amongst 850 Doctors and 1,250 paramedics for capacity building in Emergency Trauma Care in all districts of Assam.

**Methods:** Academy of Trauma (our team) followed the World Health Organization (WHO) module for trauma training for disasters, with modifications to suit local needs/conditions. Pre- and Post-training evaluation was conducted to evaluate and determine the impact of the training. We conducted trauma simulations regularly. Interviews were held with focus groups. Field Studies were done to assess the vital barriers of MCI.

**Results:** A significant improvement of skills and knowledge post-training. Inadequate ATLS knowledge. Under-trained Human Resources. Poor Transport & Communication facilities. A lack of Mock Drills. Insufficient logistics & infrastructure. Improper on-site management. Lack of Community Participation. A pessimistic attitude of the Doctors. Techno-bureaucratic hindrance. Financial Constraints.

**Conclusion:** The reports of the training were submitted to the responsible authorities periodically and steps are being initiated to improve the quality of the health services. Existing programs, like training of Medical Professionals, increased within the number of Trauma Centers; provisions of well-equipped ambulances and boat-clinics; procurement of basic logistics; establishment of a telemedicine system; and public awareness campaigns are on the fast track to improve mass-casualty incident handling in the state of Assam.

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### Health Risks of First Responders following a Meteorological Disaster

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**Study/Objective:** The objective of this study is to create a comprehensive list of health hazards following meteorological disasters, to aid first responders in preparation for their deployment.

**Background:** Globally there were a total of 125 meteorological disasters in 2016, a number of which required international deployment of first responders. Deploying responders arrive at the location of the event in various states of their personal health, and thus will have different responses to existing health hazards. If previous deployments are not taken into consideration, for example, they can hinder response efforts by introducing contaminants to an already vulnerable population, as was the case in Haiti which caused 8,300 deaths from Cholera bacterium. It is imperative to effectively prepare first responders for their deployment to prevent them from becoming victims themselves, using limited local resources and to ensure that they are available to perform their duties for the duration of their deployment.

**Methods:** There are three models for studying health; they are biomedical, sociological, and political economy (Birn, 2009, p133). Each model identifies areas of concern and directs research methodology, however, neglects to consider the complexity of health that would address an individual’s vulnerability