

**(P1-63) Post-Tsunami Hospital Evacuation Preparedness Improved by Development of Portable Medical Supply Caches**D.B. Bouslough,<sup>1</sup> E. Peters,<sup>2</sup> C. Peters,<sup>3</sup> S. Tuato'o<sup>3</sup>

1. Emergency Medicine, Providence, United States of America
2. Pago Pago, American Samoa
3. LBJ Tropical Medical Center, Pago Pago, American Samoa

**Background:** On September 29, 2009, an earthquake-caused tsunami struck American Samoa with only 20 minutes warning. Personnel successfully evacuated patients from the hospital within 20 minutes. The organization and transportation of medical supplies required for patient care took 90 minutes.

**Objective:** To describe a hospital evacuation exercise designed to identify critical medical supplies, and test their transport, and use in a field-hospital setting.

**Methods:** A retrospective review of hospital emergency preparedness and Boy Scout Eagle Project minutes, participant surveys, and key-informant interviews was performed. Descriptive statistics were used to evaluate data.

**Results:** Unit supervisors hospital-wide were tasked with designing portable supply caches for the care of typical unit patients for 72 hours. Nine hospital units participated (ED, Surgery, Medicine, Pediatrics, Labor & Delivery, Maternity, Nursery/NICU, ICU, Hemodialysis) in the exercise. Unit evacuation teams (1 physician & 2 nurses) carried caches by foot to a nearby field clinic site (1/4 mile). Cache transport times ranged from 3 minutes (maternity ward) to 15.5 minutes (hemodialysis), averaging 11.2 minutes. Hospital leadership arrived in 4 minutes, and maintenance staff with portable power and oxygen in 23 minutes. Fifty-seven community volunteers (age 9 months – 60 years) under Eagle Scout candidate leadership were prepared as moulaged mock patients. Unit teams used evacuated supplies to provide medical care for 6 mock patients each, listing missing or insufficient supplies at exercise end. Cache supply deficits noted by participating teams included: portable oxygen (66%), blood pressure cuffs (44%), thermometers (44%), select pharmaceuticals (44%), and others. Reported cache deficits and exercise lessons learned were reported hospital-wide for incorporation into preparedness planning.

**Conclusion:** The hospital unit medical supply cache exercise was effective in addressing prior evacuation deficits. Hospital collaboration with community service volunteers provides exercise realism for participants and increases community awareness for emergency preparedness.

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**(P1-64) E-Learning for Staff Education on Managing Catastrophe Plan – Hospital in Sao Paulo – Brazil**

C. Mizoi, E. Sousa, S.O. Kina, M. Vaidotas, Y.K. Sako, M. Tucherman, C.G. Barros

Care Practice, Quality And Safety Division, São Paulo, Brazil

**Introduction:** Staff education and qualification is a safety issue to maintain employees ready to act whenever the catastrophe plan is deflagrated especially since it only happens once in a while. Considering that catastrophe is an unexpected event and most of the time an unusual scenario, the risk of inefficient

patient care and unsafe situations for employees and for the environment is high.

**Objective:** To describe the e-learning as a continuous training methodology to keep staff prepared to manage victims from a catastrophic situation whenever it happens.

**Methodology:** E-learning is a methodology for distance learning with focused content, pedagogy, technology and instructional system design aimed to deliver education. E-learning has advantages such as: a rapid update, customization of content, access flexibility, continued availability, reduced time for learning, training of a large number of employees with access control and release reporting. The development of e-learning is based on the following phases: analysis of topic relevance, evaluation by expert professional, relevance and applicability as educational strategy, planning and content construction with related areas, development of the storyboard and formatting with an instructional designer. The content of the e-learning Catastrophe Plan include definition of catastrophe, STAR screening method, roles and responsibilities, attendance flows, tests. Its duration was 30 minutes.

**Results:** During 03 months the e-learning of Catastrophe Plan was available in the intranet to Albert Einstein employees. A total of 3104 employees were trained representing 56% of target public ( $n = 5541$ ). After this period, the e-learning became constantly available and part of the new employees admission process.

**Conclusion:** E-learning is an innovative educational methodology that contributes to the retention and generation of knowledge. The care and support team during the simulations in 2010 showed better performance when compared to 2009 due to the capability of this tool to spread the knowledge.

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**(P1-65) Simulation Haute Fidélité Et Medecine De Catastrophe**L.A. Ronchi,<sup>1</sup> H. Julien<sup>2</sup>

1. SFMC, Paris, France
2. Paris, France

L'exercice medical ou soignant en conditions de medecine de catastrophe se detache de l'exercice classique du fait du nombre important de victimes a traiter en un laps de temps reduit. S'y surajoute, en contexte chimique, le port d'une tenue de protection reduisant de maniere significative les performances du soignant qui la porte. Il est donc necessaire de proposer aux equipes amenees a exercer dans ces conditions des seances d'entrainement visant a acquerir la competence requise en pareilles circonstances. Une premiere etape a ete franchie avec la validation de realisation en tenue de protection des gestes (perfusion intraveineuse ou intraosseuse, controle des voies aeriennes superieures, ventilation assistee) utiles dans ce contexte. L'etape suivante qui vient de s'ouvrir vise a "immerger" le soignant dans une ambiance quasi-reelle (port de la tenue de protection, victime realiste et surtout dynamique, reagissant aux diverses actions entreprises). Il lui sera ainsi possible d'acquerir non seulement la gestuelle mais egalement la mise en pratique des notions enseignees lors des formations theoriques, avec un resultat beaucoup plus parlant et plus rapidement evaluable. Le cout eleve, au moins pour