

Conclusion: Our team deployed as a specialized surgical cell, which plays an important role to support national medical efforts, and critical to function is coordination, communication, and preparation. The Virtual OSOCC site is an important tool to maintain EMT membership, and to monitor for updates information about disasters and effectively communicate with other key stakeholders.

Prehosp Disaster Med 2017;32(Suppl. 1):s216–s217

doi:10.1017/S1049023X17005611

Undergraduate Inter-Professional Collaboration in a Simulated Mass Casualty Incident

Ian Wishart¹, Sandra Goldsworthy², Irina Charania², Cydnee Seneviratne², Jeannette Waegemakers Schiff²

1. Undergraduate Medical Education, University of Calgary, Calgary/AB/Canada
2. University of Calgary, Calgary/AB/Canada

Study/Objective: Measure undergraduate interprofessional collaboration and teach basic trauma skills in a simulated Mass Casualty Incident (MCI).

Background: Recent large scale natural disasters and Mass Casualty Incidents (MCIs), have highlighted the need for staff and hospital emergency preparedness. Disasters and MCI simulations are infrequent, and typically only involve post-graduate level trainees and staff in clinical roles. Trauma training at the undergraduate level has been identified as inadequate in multiple disciplines.

Methods: To address these shortfalls, a preclinical course for medical students was redesigned to include one day of trauma and inter-professional content. Curricular alignment was achieved among the Cumming School of Medicine, University of Calgary Faculties of Nursing and Social Work, and the Southern Alberta Institute of Technology (SAIT) Respiratory Therapy and Paramedic programs, to enable three hundred and forty six undergraduate students to participate in an MCI known as Trauma Day. Inter-professional teams of four to six students managed a standardized trauma victim in two separate scenarios, and observed expert modeling of a live trauma simulation between successive scenarios. The student teams were debriefed by co-facilitators from different professions, guided by the Mayo High Performance Teamwork Scale (MHPTS), the Canadian Inter-Professional Health Collaborative (CIHC) National Competency Framework, and the principles of Advanced Trauma Life Support (ATLS). Facilitators and students formally rated the team performance after each scenario using the MHPTS, and students completed a Self Efficacy Assessment at the end of the day.

Results: There were statistically significant improvements in team performance ratings as an overall measure, and in four of eight factors of the MHPTS. In the Self Efficacy Assessment survey students rated their confidence significantly higher after the simulations in all eight areas, with significant differences between professions.

Conclusion: An interprofessional simulated that MCI provides opportunities to improve team performance and self efficacy, based on the Mayo High Performance Teamwork Scale.

Prehosp Disaster Med 2017;32(Suppl. 1):s217

doi:10.1017/S1049023X17005623

The Brooklyn Coalition Exercises Patient Movement in a Burn Mass Casualty Event

Pia Daniel¹, Patricia Roblin², Stephan Kohlhoff², Ramon Gist², Bonnie Arquilla²

1. Emergency Department, Columbia University Medical Center, New York City/NY/United States of America
2. Disaster, state university of New York, New York/NY/United States of America

Study/Objective: The hospitals of The Brooklyn Coalition (TBC) used a city-wide drill to test various components of the New York City Burn Plan that is under development.

Background: The borough of Brooklyn has no burn centers. The secondary transfer of burn victims in a Mass-Casualty Incident (MCI) is a gap identified from annual coalition-wide drills which built on each other.

Methods: A full-scale exercise evaluated the secondary transfer of victims in a burn MCI, utilizing the proposed NYC Burn Plan. Fire Department of New York (FDNY) centrally coordinated the transfer of 69 victims using faxed Patient Transfer Request forms. The NYSDOH e-FINDS was utilized for patient tracking. An electronic Situational Assessment Tool (SAT) delivered prompts and collected data.

Results: e-FINDS tracked 96% of patients; 100% of hospitals reported the required Patient Transfer Request forms were too long; 38% of hospital transfer requests required more than two attempts to reach FDNY; 26% of victims were refused transfer; 52% of victims required physician presence during transfer.

Conclusion: The NYC Burn Plan was successfully drilled by TBC and e-FINDS was a reliable tool. The method for communication between the hospitals and FDNY failed for multiple facilities, highlighting the need for alternative methods of contact. The required Patient Transfer Request form was too lengthy to utilize during an MCI and is being amended using only the essential information identified by this study. Many transfer requests were denied, leaving facilities to manage burn victims. Many victims needed a physician during transport, limiting the ability to transport victims. These results make it evident that non-burn centers need to develop contingency plans for burn victims of an MCI. These gaps in the NYC Burn Plan, identified by TBC drill, are impacting the current development of the protocol. The use of sequential, coalition-wide drills with increasing inclusivity is useful in identifying capability gaps and exercising existing protocols.

Prehosp Disaster Med 2017;32(Suppl. 1):s217

doi:10.1017/S1049023X17005635

Incorporating an Active Shooter Preparedness and Response Program into the Healthcare Students' Simulation Educational Curriculum

Paul P. Rega, Brian N. Fink

Public Health And Preventive Medicine, University of Toledo, Toledo/OH/United States of America

Study/Objective: To increase healthcare learners' awareness to active shooter situations via simulation education.

Background: Active shooter incidents in San Bernardino, Paris, and Orlando illustrate "soft targets" vulnerabilities.