Results: The total number of studied EPCR (trauma and medical cases) was 36.000. The medical errors identified were 265 cases (0.74%). 134 cases (51%) were moderate (can cause side effects), 115 cases (43%) were minor, and 16 cases (6%) were critical (can lead to death). The most common type of medical errors were cognitive errors. The causes were skill-based errors 27 times (10%) with 16 intravenous failures, 10 intraosseous failures, and one dislodged endotracheal tube after orotracheal intubation. The rule-based errors were committed five times (2%) when the Paramedics did not follow ACLS Algorithm, three times shockable cardiac arrest and two times Pulseless Electrical Activity. The knowledge-based errors were drug indications errors five times (2%). The three EMT's levels in ADPA (Basic, Intermediate, and advanced) committed medical errors. The question to ask is not who made the mistake, but why the mistake was made. Preventing ADPA crew errors requires a systematic approach to modify the conditions that contribute to errors. The strategies are developing more awareness of cognitive errors by education and incorporating simulation into training.

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The Advanced Practice Provider in Federal Disaster Medical Response: An American Experience

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Introduction: Advanced Practice Providers (APP) are utilized in the United States National Disaster Medical System (NDMS) and consist of Certified Registered Nurse Anesthetists (CRNA), Nurse Practitioners (NP), and Physician Assistants (PA). They fill a critical role as Medical Officers in the Federal Disaster Medical Response on both Disaster Medical Assistance Teams (DMAT), Trauma & Critical Care Teams (TCCT), and United States Public Health Service (USPHS). DMAT teams and components of TCCT and USPHS responded to National Security Special Events, multiple natural disasters over the past two years including prolonged hurricane response in 2017 and 2018. The APPs were heavily utilized in key roles throughout the responses with much success.
Aim: To explain how APPs are a vital component to US Federal Disaster Medical Response and are able to fill a multitude of roles as Medical Officers.
Method: We used qualitative data from APPs in the US NDMS system illustrating what roles they filled during recent disaster responses.
Results: The APPs were key components to the US NDMS response to disasters in the US and US territories by providing direct medical care as APPs, aid in medical evacuation, triage, healthcare administration, and medical infrastructure evaluations.
Discussion: The APP is essential in the US Federal Disaster Medical Response and future research would be to obtain quantitative data on APPs in the U.S. NDMS. With increasing natural and man-made disasters affecting more people across the world annually, the increasing global population, and expected international health care worker shortages, APPs can be part of the overall solution to Medical Officer shortfalls and other key components in future disaster responses throughout the world. As APPs are not widely utilized worldwide, there will need to be education on what APP training is and how they can be utilized in areas not familiar with their abilities.

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Analysis of Disaster Psychiatric Assistant Team Activity During the Past Four Disasters in Japan

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Introduction: The Disaster Psychiatric Assistant Team (DPAT) is Japan's original mental health care dispatched team during disasters. Established in 2013, this team has been involved in the response to many disaster-related mental issues.
Aim: We Aimed to evaluate the DPAT activity in response to the past 4 disasters (Ontake volcano, Hiroshima flood, Joso flood, and Kumamoto earthquake), using the disaster mental health information support system (DMHISS).
Methods: DMHISS data from the four disasters was extracted. Descriptive statistics were performed from the obtained dataset and the characteristics of the disaster victims from each disaster were compared and examined.
Results: About 2,400 cases were obtained and tabulated to from the database. Based on descriptive statistics, the DPAT support objectives, activities and activity periods Aim to establish (1) the characteristics of the affected areas (population composition, psychiatric medical condition), (2) the scale and content of the disaster (the injured, building damage, number of evacuees), and (3) the activity ability. The number of counseling cases peaked several days after the disaster onset, and the importance of the DPAT activity during the acute phase was confirmed. The time course of the consultation number, which is a measure of the termination, could be predicted from the disaster scale and content. These results suggest that DPAT activity may be a guideline for local disasters for one month and for wide-reaching disasters for two months or longer.
Discussion: It is suggested that the timing of activity and the termination period could be estimated from factors including the type of disaster, the size of the disaster, and the number of evacuees using the disaster mental health medical activities from four disasters. It should be considered necessary to accumulate data and examine indicators related to the DPAT activity.

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