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 grace 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.

Conclusion: In Lebanon, burn care appears to be fragmented and heterogeneous. This is in addition to the fact, that the different parties (Army, EMT responders, physicians, etc.), that should sequentially be involved in addressing burn care, seem unsure of their role in the chain of command. Centralization of burn care by means of a national catastrophe burn plan would allow for a multi-disciplinary and coordinated approach, which is the only effective way of treating a burn victim.

Prehosp Disaster Med 2017;32(Suppl. 1):s22–s23
doi:10.1017/S1049023X17000796

Patient and Family Reunification During Disasters - Hospital Perspectives and Process Improvements, Boston, MA

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Study/Objective: Patient and family reunification during and after disasters requires thoughtful, innovative planning by hospitals. A clear and practiced Family Response Protocol ensures that in addition to providing clinical care for patients injured in disasters, hospitals are prepared to rapidly and effectively reunite patients with their loved ones.
Background: The Massachusetts General Hospital (MGH) Family Response Protocol is informed by our experience responding to multiple mass casualty events, including the Station Nightclub Fire in 2003 and the Boston Marathon Bombings in 2013. Our experience in these events identified the need to quickly mobilize trained patient/family support teams as part of our mass casualty disaster response, and to implement mechanisms to support patients and families at our hospital, as well as those looking for loved ones located at other hospitals in the area. The key tenant of the protocol is to connect patients, family members and friends of victims with the most appropriate resources to meet their needs. Multidisciplinary in nature, the Family Response Protocol leverages the expertise of leaders in psychiatric care, social services and emergency management as well as hospital security and support personnel.
Methods: Our strategy and protocol for patient/family reunification is based on our experiences responding to several mass casualty events, and internal review of event data from other responses.
Results: A well exercised Family Response Protocol focused on supporting patients and families post disaster, is a critical component of the hospital Emergency Operations Plan.
Conclusion: Our presentation will discuss best practices in hospital patient/family reunification post disaster. Using case studies from our experiences responding to the 2003 Station Nightclub Fire and the 2013 Boston Marathon Bombings. We will explain how key aspects of the plan were used in each event, and identify critical improvements implemented based on lessons learned.

Prehosp Disaster Med 2017;32(Suppl. 1):s23
doi:10.1017/S1049023X17000802

Communication: The Antidote to Chaos during a Mass Casualty Event

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Study/Objective: Mass Casualty Incidents (MCI) typically occur without warning, unfold rapidly and unpredictably, creating a chaotic environment. The lack of advanced notice and the nearly-ubiquitous lack of good situational awareness regarding the early event details, creates major challenges for hospitals and health systems in their response, often resulting in suboptimal mobilization and/or use of resources.
Background: The initial development of the MGH MCI Protocol in 2010, was formed by lessons learned from terrorist, and other mass casualty events, in Israel, London, Madrid, Mumbai, and others. The MGH MCI protocol has been updated and refined following critical evaluation of our own response to the 2013 Boston Marathon bombing, and other less severe events. Our experiences have confirmed the importance of setting clear expectations for a large number of hospital departments outside of the Emergency Department upon identification of an MCI. Setting clear and actionable responsibilities for the operating rooms, ICUs, blood bank, radiology, and even internal medicine services in the hospital, has helped us ensure a rapid, coordinated response to no notice events that supports the safe and efficient movement of patients through the hospital.
Methods: Our findings are based on a review of published, and informally shared event data, as well as on our own experience in the Boston Marathon bombing of 2013.
Results: We believe that a comprehensive and detailed hospital-wide protocol to proscribe the initial hospital MCI response actions is a required component of an optimal response.
Conclusion: We will present an overview of the collaborative process that we used to develop our MCI Protocol and discuss examples of its use. We will also give session participants a template to create their own MCI Response Protocol for their Emergency Operations Plan, and present strategies for use when developing such a protocol that is appropriate for the capabilities of their hospital and setting.

Prehosp Disaster Med 2017;32(Suppl. 1):s23
doi:10.1017/S1049023X17000814

Airport Aviation Disaster Patient Transfer Point Lifesaving Enhancement

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Study/Objective: Comparison between the means of voice reporting messaging apps and a dedicated app for counting, tracking, and decision-making in the transfer point out during aviation airport disasters.
Background: In Israel, the medical preparedness and response to aviation disaster events is the responsibility of Magen David Adom (MDA), the Israeli national EMS organization.