

methods to ensure continuity-of-care during crises were identified.

Conclusion: This evidence will significantly inform the technical capabilities and research priorities of organizations delivering RMNCH programming in humanitarian crises; including delivery strategies that have ensured continuity-of-care during erupting crises.

Prehosp Disaster Med 2017;32(Suppl. 1):s82-s83

doi:10.1017/S1049023X17002163

Attacks on Health Care in Emergency Settings: What is the Extent of the Problem, Based on Open Source Data from 2014 to 2015?

Rudi Coninx¹, Erin Kenney², Erin Downey³

1. Who Health Emergencies Programme, World Health Organization, Geneva/Switzerland
2. WHO, Geneva/Switzerland
3. Congresses, World Association for Disaster Emergency Medicine, Washington DC/DC/United States of America

Study/Objective: The objective of the study was to document the extent and the nature of the problem of attacks on health care workers, health care facilities and patients by consolidating and analyzing the data available from open sources.

Background: Attacks on health care workers and health care in emergency settings are a general problem, depriving people from the health care services they badly need. General perception is that the frequency of attacks on health care workers is increasing.

Methods: Review of data from open sources on individual attacks on health care, that reportedly took place in countries with emergencies from January 2014 to December 2015.

Results: Over the two-year period, we found reports of 594 attacks on health care that resulted in 959 deaths and 1,561 injuries in 19 countries with emergencies. Sixty-three percent of the attacks were against health care facilities, and 26% were against health care workers. Sixty-two percent of the attacks were reported to have intentionally targeted health care. Most countries experienced a decrease in the number of attacks, with the notable exception of the Syrian Arab Republic.

Conclusion: Attacks on health care remains an important problem. The study highlights the need for standard definitions and classifications to enable a comparison of information from multiple sources, in order to better understand the full extent and nature of the problem. The lack of information on the impact of attacks on health service delivery and the health of affected populations, is a significant knowledge gap and should be a priority for information collection moving forward, if we want to make evidence based policy recommendations. The findings underscore the need for intensified action from a broad spectrum of actors, to ensure that health care is provided universally during emergencies to all those who need it, unhindered by any form of violence or obstruction.

Prehosp Disaster Med 2017;32(Suppl. 1):s83

doi:10.1017/S1049023X17002175

Minimum Standards for Staff Health in Humanitarian Aid Organizations

Hannele Haggman¹, Joyce Kenkre²

1. IFRC, Vernier/Switzerland
2. University of South Wales, Pontypridd/United Kingdom

Study/Objective: To create Minimum Standards for aid workers regarding their occupational health.

Background: Annually, Non-Governmental Organizations (NGOs) deploy thousands of expatriates worldwide to assist with various disasters. There are no international guidelines on minimum standards on occupational health for humanitarian aid workers, to ensure consistent and accurate preparedness and support for the delegates. Consequently, there is a need to have global guidance on the medical clearance, personal medical kit, psychosocial support, first aid training, medical evacuation, insurance and post deployment return home.

Methods: Based on the Delphi technique, a literature review, interviews with delegates, and a workshop organized for several humanitarian aid organizations, a questionnaire was developed to form future minimum standards for occupational health for humanitarian aid workers worldwide.

Results: Ten themes were identified: Delegates should be well prepared for their deployments; have good support during their deployment; accompanying family members be included in the health policies; have a healthy and safe working environment and accommodation; psychosocial support be available and implemented; a medical evacuation plan which they know how to implement; good insurance coverage during and after their deployment; staff are well taken care of after deployment; duty of care is fulfilled and emergency recruitment is handled professionally.

Conclusion: To be effective in the aid work, staff should receive appropriate health briefings, equipment and support for their deployment to be sufficient in their role. Humanitarian aid organizations have an important task to fulfil in various disasters. With help of this global guidance they can fulfil their duty of care, and fulfil their obligation to protect and support their workers in the best possible way. In operations like the Ebola outbreak in West Africa, this was even more important to address to ensure health and safety of the humanitarian aid workers. The results of the research on Minimum Standards will be presented to the audience.

Prehosp Disaster Med 2017;32(Suppl. 1):s83

doi:10.1017/S1049023X17002187

There's an App for THAT!

Sean Smith

Critical-care Professionals International, Critical-Care Professionals International, Durham/United States of America

Study/Objective: This session focuses on recognizing the utility of personal mobile technology as both a supplement to enhanced patient care, and access to healthcare for the humanitarian practitioner, within the framework of austere disaster/emergency medicine response.

Background: When considering the use of technology in clinical medical practice, a lot of factors must come into consideration: "What works for a particular individual or practice,