

likely to work in austere work environments. This research raises questions of the safety of pharmacists working outside their scope and in austere environments and whether it is safe for them, their patients, and the broader community.

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Are They Qualified and Trained to Manage Disasters?

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Introduction: In the South African environment, the possibility of lack in the disaster response education and training fraternity was attempted to be mitigated with legislation. The National Disaster Management Framework (2005:162–169) states that national, provincial, and municipal organs of state need to plan, organize, and implement training programs relevant to their respective areas of responsibility. The South African Disaster Management Act (South Africa, 2002:19) encourages a broad-based culture of risk avoidance and the promotion of disaster management education and training throughout South Africa.

Aim: As an organ of the state and a role-player in disaster management the Free State Emergency Medical Services (FS EMS) is responsible for making strategic decisions. Managers and supervisors are obliged to be trained and educated in disaster management. The study ascertained whether managers and supervisors are being trained and educated in disaster management as required by legislation.

Methods: The project made use of quantitative data whereby fifty EMS managers and supervisors in the Free State Provincial Government (FSPG) were assessed by using a questionnaire.

Results: The study found that 66% of the respondents did not receive training to equip them to fulfill their disaster management functions. The remaining 34% indicated that they did receive aspects of disaster management training.

Discussion: Based on the quantitative scores for the different indicators, the research found that there are shortcomings in disaster management qualifications and training among the EMS supervisors and managers in the FSPG EMS. However, the findings make it clear that there are several positive aspects in the already established practice of disaster management education and training in the FS EMS. The results indicated that there is an opportunity for revision and improvement that will contribute and empower the FS EMS managers and supervisors to meet legislative requirements towards disaster management training and education.

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Are We Ready for Bioterrorism? Health Personnel were Affected by Contaminated Meat Cooked at a Daily Routine Hospital Kitchen

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Introduction: Salmonellae are gram-negative motile bacilli. The transmission of salmonellae to a susceptible host usually occurs from the consumption of contaminated foods. Most persons infected with *Salmonella* develop diarrhea, fever, and abdominal cramps 12 to 72 hours after infection. The illness usually lasts four to seven days, but can be severe enough to require hospitalization.

Aim: Describe a hospital kitchen based mass foodborne infection.

Methods: Descriptive analysis of the foodborne infection event.

Results: 310 health personnel were contaminated from lunch that was cooked at our hospital kitchen. On that day 70 patients came to the emergency department for complaints of vomiting, fever, and diarrhea. During the next two days, we canceled all planned surgical operations. At the second day, we followed 80 patients and third day 150 patients came to our emergency services. Our emergency services and intensive care units were blocked because of personnel illness. We examined all patients, got blood tests and stool stains and cultures. Because of this mass casualty contamination, our infection control committee gave formal information that suspicious of Salmonellosis. 13 of 310 infected health personnel were hospitalized. They got intravenous saline and electrolytes support like calcium and potassium. After two days we got Results of stool cultures, there was inoculation of *Salmonella* types. None of them died.

Discussion: We realized that we are not ready for mass casualty incidents like this contamination. Because our patient flow was really blocked. We had to call in new doctors and nurses from different hospital staffs. The event was similar to bioterrorism conditions and we suddenly have to put in place hospital disaster plans at the beginning of decontamination. This situation made us to recognize bioterrorism agents like *Salmonella* types. We have to raise awareness of the community about chemical, biological, radiological and nuclear agents attacks.

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Assessing the Efficacy of a One-day Structured Induction Program in Orienting Clinical Staff to a Novel Prehospital Medical Deployment Model

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Introduction: St. John Ambulance Victoria provides first aid and medical services at a variety of mass gathering events (MGEs) throughout Victoria. Volunteer healthcare professionals and students (termed “volunteers”) form Medical Assistance Teams (MAT) at these MGEs. MAT deployments manage a variety of patient presentations which include critically ill patients. This reduces high acuity patient transfers to the hospital and, where possible, avoid ambulance and hospital utilization.