

**Conclusion:** The results call for a comprehensive understanding of the scene: the teams are working in a scene that has not been secured, with possible presence of additional perpetrators. Personnel has to work using Personal Protective Equipment (PPE) due to that risk. Dealing with an injured perpetrator requires security checks, authorization of the security authorities on the scene, and moral dilemmas. Transportation times might be prolonged. This creates a unique environment that calls for specific on-scene protocols, as well as training of the personnel (staff and volunteers) to be able to successfully perform their tasks in this hostile environment. On-scene procedures, as well as unique procedures developed (eg, police escort to overcome traffic), and revised treatment protocols as result of lessons learned from incidents will be presented.

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### Clinical Care for Sexual Assault Survivors (CCSAS): the Use of a Multimedia Training Tool.

*Nagi Souaiby*

Faculty of Medicine, St Joseph University, Beirut/Lebanon

**Study/Objective:** Evaluate a multimedia training tool used to train Health Care Providers (HCPs) as key actors in improving the delivery of quality Clinical Care for Sexual Assault Survivors (CCSAS).

**Background:** Sexual assault rises as a global public health issue, in conflict-affected populations, where SGBV becomes a strategy of war. Training HCPs has been prioritized by humanitarian actors globally to improve the quality CCSAS. Few studies have evaluated the effectiveness of such training.

**Methods:** Four ToTs days were provided to relevant community HCPs working in a conflict area in Jordan, Turkey, Syria, and Lebanon. The CCSAS multi-media tool developed by the IRC was used as a unified training tool aiming to improve clinical care. The recruitment process included a general call for application, entailing a detailed syllabus for the training course whereby individuals expressed their interest in attending and submitted their resume to ensure that their qualifications were in-line with the pre-set selection criteria for the training.

**Results:** Six ToTs took place; in Jordan, two groups of 25 have improved by 142% and 57.6% on average at post-test in knowledge and attitudes to care for survivors. The third ToT in Turkey, 13 participants have improved by 47% on average and nine participants have improved by 82.6% on average. In Lebanon, 19 participants have improved by 62.5% on average. In Syria, 18 participants have improved by 46.2% on average. Key barriers to quality care identified included poor or lack of access to services, lack of privacy and confidentiality, and lack of essential resources and treatment including PEP, as well as an unclear referral mechanism. Action plans were developed by participants to address these barriers and follow-up to the evaluating progress was planned.

**Conclusion:** The CCSAS multi-media training tool showed an initial positive impact and has demonstrated effectiveness in

promoting compassion and competence among trained HCPs and improving quality of care in humanitarian settings.

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### Paris Terrorist Attack on November 13, 2015 - Applying Wartime In-hospital Triage and Damage Control Strategies

*Bertrand Grand<sup>1</sup>, Guillaume Boddaert<sup>1</sup>, Jean Louis Daban<sup>2</sup>, Emmanuel Hornez<sup>3</sup>, Anne De Carbonnieres<sup>3</sup>, Guillaume Giral<sup>3</sup>, Davy Ngabou<sup>1</sup>, Amélie Mlynski<sup>1</sup>, Federico Gonzalez<sup>3</sup>, Tarun McBride<sup>1</sup>, Stéphane Bonnet<sup>3</sup>*

1. Thoracic And Vascular Surgery, Percy Military Teaching Hospital, Clamart/France
2. Department Of Anesthesia And Intensive Care, Percy Military Teaching Hospital, CLAMART/France
3. Digestive And General Surgery Department, Percy Military Teaching Hospital, CLAMART/France

**Study/Objective:** The Paris terrorist attack of November 13<sup>th</sup> 2015 caused 130 deaths and 351 injured.

**Background:** Our work aims to show how in-hospital triage and damage control strategies, acquired during the recent conflicts in Afghanistan and Sahel, enable a rational and appropriate management of the patients.

**Methods:** We retrospectively reviewed the cohort of 17 patients treated at the Percy Military Teaching Hospital on the nights of November 13-14, 2015.

**Results:** The mean age was 39 ± 8 years. Eight patients (47%) had a thoracic injury (mean AIS = 3[1-6]), 5 (29%) an upper limb injury (mean AIS = 2[1-3]), 4 (24%) an abdominal injury (mean AIS = 3[2-4]), 3 (18%) a face injury (AIS 2 = medium [1-3]), 3 (18%) a lower limb injury (AIS = 1), 2 (12%) a spine injury (AIS = 5) and 1 (6%) a brain injury (AIS = 5). There was no patient identity error. Two patients (12%) were categorized immediate with extreme mention (T1E) (ISS 19 and 29), 6 (35%) immediate (T1) (average ISS = 24 [13-41]), 4 (24%) delayed (T2) (average ISS = 6 [1-16]) and 5 (29%) minimal (T3) (average ISS = 1 [1-3]). Four patients (24%) had a damage control procedure with a mean surgical time of 68 min (43-84). All patients were treated according to the deadlines imposed by their categorization. One patient died of multiple organ failure in the aftermath of a resuscitation thoracotomy. All patient records were reviewed and three were analyzed as perfectible, without consequences for the patients involved.

**Conclusion:** The current context exposes us to the threat of new possible terrorist attacks and requires that the medical community get prepared to manage multiple war casualties. The familiarization to the modern principles of war surgery seems mandatory to face this type of situation.

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### Lessons of Military Anesthesiologists after Terror Attacks in Paris. Comparison with Battlefield Experience.

*Jean Louis Daban<sup>1</sup>, Nicolas Donat<sup>2</sup>, Philippe Laitselart<sup>1</sup>, Guillaume Boddaert<sup>3</sup>, Emmanuel Hornez<sup>3</sup>, Guillaume De Saint Maurice<sup>1</sup>*