

**Introduction:** If there is consensus about how to handle a patient with a specific condition, from the ambulance service point of view, it matters less for the patient which ambulance arrives to take care of the patient. Guidelines are a way of standardizing treatment or management of the patient for a given patient condition. Clear and implemented guidelines that promote the handling of the patients is done from best practice and are evidence-based according to the best ability of the organization.

**Aim:** The aim of the current study was to implement guidelines into an organization that was not currently using guidelines. The study was conducted as a collaborative effort between a Swedish pre-hospital training organization and the local ambulance service organization in Kosovo.

**Methods:** An iterative process of implementing the guidelines was applied:

1. Identify guidelines appropriate for the local organization. For each iteration, five guidelines are chosen.
2. Have the five guidelines translated into Albanian.
3. The guidelines are adapted to local conditions and context.
4. The five guidelines are approved by an expert group.
5. The five guidelines are implemented in the organization.

**Results:** The initial iteration included was carried out in the form of a workshop where 22 persons (doctors and nurses) from the local ambulance service in Kosovo participated. During the workshop, the first three implementation steps were taken, while remaining steps were carried out by the local organization.

**Discussion:** With the local management and ambulance personnel involved throughout the process, the implementation of guidelines were delivered in a more feasible way as well as more easily accepted and adhered to. Supporting a standardized treatment or management of the patient will benefit future patients. These standards should be based in evidence-based practice adopted to local conditions.

*Prehosp Disaster Med* 2019;34(Suppl. 1):s138-s139

doi:10.1017/S1049023X19003066

### Improving Emergency Preparedness among Children with Special Health Care Needs in a Pediatric Infant Disease Clinic

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**Introduction:** Children with Special Health Care Needs (CSHCNs) are at an increased risk for physical, developmental, or emotional conditions, and require special services beyond what is typically required by children. Improving emergency preparedness amongst families with CSHCNs has been advocated by the Centers for Disease Control (CDC), Federal Emergency Management Agency (FEMA), and The American Academy of Pediatrics (AAP).

**Aim:** We evaluated the preparedness of children and family members, who are infected, or affected, by HIV illness and require daily medications.

**Methods:** A convenience sample was used to enroll patients and their parents at a pediatric infectious disease clinic. Surveys were used to assess baseline emergency preparedness. Patients were then given an educational intervention on improving personal preparedness. Participants were provided with emergency go-kit and educational materials. Follow up was completed in 30 days to re-assess preparedness by re-administering the initial survey with additional questions.

**Results:** Thirty-eight patients were enrolled and 10 were lost to follow up. Data from a total of 28 patients were used for study results analyses. Chi-squared testing was used for non-parametric variable analyses for an  $N < 30$ . Participants who designated an emergency meeting place outside of their home, post-intervention, were statistically significant-X<sup>2</sup> (1) = 29.20, p-value <0.0001. Participants who completed an emergency information form, post-intervention, were statistically significant-X<sup>2</sup> (1) = 13.69, p-value <0.0002. Participants who obtained an emergency kit of supplies for 3 days, post-intervention, were statistically significant-X<sup>2</sup>(1) = 8.92, p-value <0.0028. Participants who obtained a home first aid kit, post-intervention, were statistically significant-X<sup>2</sup>(1) = 12.16, p-value <0.0005. Five families obtained an emergency supply of medications, post-intervention-X<sup>2</sup> (1) = 1.99, p-value = 0.1582. This result was not statistically significant.

**Discussion:** This study demonstrates that brief educational intervention has potential to improve the preparedness of CSHCNs, including those living with HIV illness.

*Prehosp Disaster Med* 2019;34(Suppl. 1):s139

doi:10.1017/S1049023X19003078

### The Incidence of Post-Traumatic Stress Disorder Among Healthcare Providers After the 2018 Taiwan Hualien Earthquake

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**Introduction:** On February 6, 2018, a magnitude 6.2 earthquake struck Hualien, Taiwan. Over 150 patients crammed into the emergency department of nearby hospitals within two hours. Mass casualty incident (MCI) management was activated. During the recovery phase, little attention was paid to the mental health of hospital staff.

**Aim:** To analyze the prevalence of post-traumatic stress disorder (PTSD) among healthcare providers (HCPs) and explore the possible risk factors.

**Methods:** 63 HCPs in the emergency department of the single tertiary hospital near the epicenter were included. The Chinese version of the Davidson Trauma Scale (DTS-C) was used to evaluate the prevalence of PTSD. Questionnaires were sent to explore the possible contributing factors.

**Results:** The average age of the HCPs was 32.7 years (30.3 years for nurses; 40.4 years for physicians). The prevalence of PTSD was 3.2% eight months after the incident. The mean DTS-C score was 8.9/136. Nurses had a higher score than physicians (10.8 and 4.7). HCPs with 6-10 years working experience had the highest score (14.2), while those with less than 3 years experience had the lowest (4.8).