

to the experience were used as sources of data from August to November 2014. Data was analyzed using thematic analysis.

Results: After the disaster was communicated to hospital management, medical and nursing teams were recruited. A list of willing health professionals wasn't available, making the access to and organization of human health resources dependent on professionals' willingness to attend. The proportion of the disaster caused a national outcry. This community concern was reflected in the positive response of health professionals who volunteered to come to work. They were however challenged with severe conditions, which demanded a very high level of response and care during the admission of patients. This very intense situation and workload impacted negatively on a number of health professionals who had volunteered to respond.

Conclusion: Although health professionals and hospital management staff were able to mobilize and adapt to this sudden external demand, the identified impacts on health professionals indicated the need for better preparation. As a legacy, a structured plan for the hospital was developed using internationally recommended procedures to disaster preparation and response.

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What Should an African Health Workforce Know About Disasters? Proposed Competencies for Strengthening Public Health Disaster Risk Management Education in the African Region

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Study/Objective: The objective of the article is to provide information and opportunities which could be used to improve health Disaster Resilience Management (DRM) training in Africa.

Background: As part of efforts to implement the human resources capacity building component of the African Regional Strategy on disaster risk management for the health sector, the World Health Organization, Regional Office for Africa (WHO/AFRO) in collaboration with selected African public health training institutions, developed core competencies and

training curricula for training African health workers, on public health disaster risk management. This article will describe the methods used to develop the competencies, and present the competencies and training curricula which were identified.

Methods: A curriculum development process was implemented through a consultative, multi-stage process involving a team of African emergency public health academicians and practitioners. In-depth reviews of the existing emergency public health training programs in the Region, and the skills and knowledge required to implement regional strategy were conducted. Core competencies required by African health workers to effectively engage in DRM were identified.

Results: Fourteen core competencies and 45 sub-competencies/training units grouped into five thematic areas were identified, namely 1) introduction to DRM; 2) operational effectiveness; 3) effective leadership; 4) preparedness and risk reduction; 5) emergency response and recovery were defined as the skills and knowledge that African health care workers should possess in order to be able to effectively engage in health DRM. Three levels of training courses were proposed, to suit the needs of various categories of African health care workers.

Conclusion: In adopting these competencies, African member states should ensure that they are adapted to the local contexts, and the resulting training courses should be as practical and field-based as possible. We recommend urgent finalization of the learning materials for the courses, and establishment of a system for monitoring and evaluating the quality and impact of public health DRM training programs, trainees and trainers in Africa.

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A Survey on Career Development Plan among Healthcare Workers in Komfo Anokye Teaching Hospital (KATH)

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Study/Objective: To assess knowledge, attitude and perceptions of healthcare workers on their career development plan.

Background: Healthcare systems worldwide are adversely impacted by the growing and changing health needs of the population. Absence of clarity of career pathways, will create distortions in orders of service for many health professionals, and will result in stagnation in career advancement of staff and loss of significant number of health workers to other competing institutions.

Methods: A cross sectional study was conducted in March-April 2015 at Komfo Anokye Teaching Hospital (KATH). Clinical health workers were interviewed on their knowledge, attitude, and perceptions on career development plans. A stratified sampling technique was used to recruit 142 clinical health workers into the study.

Results: It revealed high literacy levels (n = 102, 71.9%) of respondents who had at least attained tertiary education as their highest form of formal education. Majority of respondents

(n = 108, 76.1%) had goals that related to career advancement. Thirty-one (21.8%) respondents did not have such goals to improve themselves as health professionals, 86.6% (n = 123) respondents felt it was important to develop one's professional health career, 77.5% (n = 129) respondents had taken steps to develop their career to a certain level, and 76.1% (n = 108) out of 142 respondents agreed that KATH had supported them in their career development.

Conclusion: Developing one's health career is a way to improve and increase on previous knowledge gained through practice or formal education. A well-structured career pathway will help health workers to be more receptive to new and improved ways of patient care and management.

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Health Sector Preparedness for Disaster in a Small Island: A Case Study in West Seram District, Maluku Province

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Study/Objective: The objective of this research was to measure the health sector capacity to face disaster in the West Seram District.

Background: The West Seram District is one of the Districts in Maluku Province that has high vulnerability to disasters. It is vulnerable to earthquakes, tsunamis, floods, landslides and sea transport accidents. In emergency situations, the Health Sector plays an important role in saving human lives. The ability of the health sector is to keep functioning without interruption, it's about life and death.

Methods: Health Sector Preparedness by Center for Health Policy and Management, Faculty of Medicine, Universitas Gadjah Mada (CHPM FoM UGM) were used to assess the District Health Office, Hospital, and their Primary Health Care disaster preparedness levels. The Center for Health Policy and Management Faculty of Medicine UGM Health Sector Preparedness measures four elements: disaster policy and organization, procedures for disaster, facility and human resources, and monitoring evaluation. The tools classify and scale the scores of health sector preparedness into three categories: A = 0-0.35, low level; B = 0.36-0.65, medium level; and C = 0.66-1.0, high level of preparedness.

Results: The overall CHPM FoM UGM health Sector preparedness in West Seram District was on the low level of preparedness. Health sector preparedness index of West Seram District Health office, Piru Hospital, and Luhu Primary Health Care was 0.04, 0.13, and 0.00 respectively. The level of preparedness on policy and organization, procedures, facility and human resources, and monitoring evaluation were on the low level also.

Conclusion: The current level of health sector preparedness status is low in all health sectors (district health office, hospital and primary health care). Multiple elements of disaster

preparedness are also on the low level. Urgent interventions are recommended to improve several elements of health sector preparedness to protect a community during and after a disaster.

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A Chain Approach to Risk Assessment for Regional Continuity of Care in Emergency and Disaster Medicine

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Study/Objective: A risk based approach to Emergency and Disaster medicine in the South West region of the Netherlands

Background: Wildavsky argued that a mixed strategy of anticipation and resilience is optimal for managing risk. In the Netherlands, the most emphasis is on resilience. The General Board of the Acute Care Region of South West Netherlands aims at better informed decisions for disaster medicine, and decided to develop a risk based approach instead. From a regional perspective the focus is on collective care (interdependencies in the medical chain) and the opportunities for cooperation. A multi-annual project was started to determine the priorities for the near future, and to decide on risk acceptance and insurance, prevention and mitigation. The first step of risk assessment and priority setting has been finalized and will be presented.

Methods: A long list of risks was derived from literature, and was transformed into a short list of relevant groups of risks, for the acute care and the public health care. Risks were grouped by stakeholder, and specified by the dynamics and knowledge of the incident, and the direct response and aftercare. The hospitals, ambulance services, dispatch centers, general practice centers and acute mental care institutions were requested to assess the business impacts. The public health services and the authorities assessed the societal impacts. Together, they determine the priorities. Several workshops were held, and a help desk was installed to facilitate the assessment process.

Results: A project team including all participating parties will propose priorities. The General Board decides on the priorities for the first year(s). Priorities are expected to be the highest risks and/or the best opportunities.

Conclusion: A risk based approach is the logical next step for disaster medicine. Risk management enables better informed decision making on disaster medicine, and provides an opportunity to reinforce the mutual cooperation between all partners in disaster medicine.

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When Disaster Strikes what is the Role of the Local Primary Healthcare Doctor?

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