

higher level to generate enough capacity. However, the Aim is that most emergency workers continue to do their own work in standard procedures, we also need more coordination, information management, transition of “stay and play” to “scoop and run” and deploying volunteers and citizens.

Aim: We developed the model practice-based, however, we have little big incidents. We feel the urgency to compare this practice to international knowledge.

Methods: The goal is twofold: validation of the starting points of our model, but also further improvement: speeding up the transport and treatment of patients, improvement of capacity, safety of the ambulance staff – especially with terrorist attacks or contamination, civil participation. We held the first survey on scientific literature in English, related to items in our prehospital assistance model. (the article is not yet published).

Results: The conclusion was, that scientific articles are rare, however, a lot of information is given about the practical course of incidents. Scientific research to explore these experiences is rare, partly due to a missing universal terminology on disaster medicine.

Discussion: We want to contribute to enlarging the scientific knowledge on large scale prehospital assistance. We expect that a lot of practical experience can be unlocked by bringing together experts in this field. We want to present the Dutch model, with a focus and invitation to compare this with the models in other countries, to compare experiences, to deepen them and to stimulate international research. We want to commit ourselves to facilitate this.

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Developing a Public Health Risk Assessment Toolkit for Mass Gatherings and Trialling for an International Multi-Sport Mass Gathering Event

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Introduction: Risk assessment for mass gatherings (MGs) is undertaken to enable public health authorities to systematically identify and assess the generic characteristics of an MG, which introduce or enhance particular threats and develop measures to reduce or mitigate these threats. The World Health Organization Collaborating Centres on Mass Gatherings and Global Health Security (WHO CCs) produced a comprehensive guide to MGs called “Public Health for Mass Gatherings: Key Considerations” (KC2). This is being converted into an eLearning resource. A public health risk assessment toolkit is being developed by the WHO CCs to complement and guide organizers in their planning process for the health risks associated with an MG event. Preparations for the Birmingham 2022 Commonwealth Games (BCG) are underway and it is important to involve a public health element in the planning for the BCG.

Aim: To develop a public health risk assessment toolkit for MGs and pilot it as part of the planning process for the BCG.

Methods: Based on KC2 principles, methods included developing and finalizing a public health risk assessment toolkit for MGs. This study also piloted the toolkit for the BCG.

Results: A toolkit will be developed. Key learning will be documented on how the toolkit can be improved. The pilot will identify the key public health risks for the BCG, and assess how to mitigate them.

Discussion: The development of this toolkit will be an innovative contribution to the resources available for those organizing MGs. It will support organizers to conduct risk assessments and thus maximize the potential for health from the event. Piloting the toolkit for the BCG is an opportunity for validating it, and provides valuable learning for its use in future events. It will support the risk assessment process for the BCG and share learning regarding the key risks for this event.

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Developing an Educational Strategy for Delivering an E-learning Disaster Medicine Course for Undergraduate Students in US Medical Schools

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Introduction: Disaster Medicine (DM) is a discipline arising from the marriage of emergency medicine and disaster management. The importance of DM has recently increased, with current wildfire situations throughout the world being examples of mass scale disasters with significant human morbidity and mortality. DM deals with preparedness, mitigation, response, recovery, and prevention of disasters (1).

Aim: To develop an educational strategy and reusable format for delivering undergraduate DM courses online. Man-made, weather-related, humanitarian, and technological disasters occur all around the globe annually, yet the majority of medical schools do not have an undergraduate DM program. This project developed an online course structure accessible to medical schools and students throughout the world.

Methods: Learning theories and models of learning were used to construct a course layout that encouraged students to be active learners, developed long-term retention strategies, and facilitated assessment for and of learning. This was accomplished through innovative educational modalities, including novel apps and external online resources. The course focuses heavily on outcome-based education with an emphasis on the development of applicable skills. Each lecture is divided into a series of learning objectives to allow students to master concepts sequentially, followed by questions to make use of the “testing effect” (2).

Results: Focused review of current medical education literature reveals that students learn best when given short, outcome-focused “mini-lectures” followed by low-stakes assessment and feedback.