decontamination. The patient was extubated and discharged without sequelae.

Results: To our knowledge, no other human cases of transdermal cyanide poisoning have been reported. Cyanide interferes with mitochondrial oxidative phosphorylation pathways to cause toxicity and death if untreated. However, its effects via transdermal exposure are often delayed compared to exposure via more conventional inhalational routes. This makes recognition difficult and compounds the challenge of long turnaround time for blood cyanide tests. Increased transdermal absorption is possible through intact skin if moistened by sweat.

Conclusion: The potential for transdermal HAZMAT absorption from exposure to toxic fumes is underrecognized. It is crucial to maintain vigilance given the challenges in diagnosing transdermal cyanide toxicity and importance of initiating treatment early.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s181–s182
doi:10.1017/S1049023X23004697

Delphi Process Recommendations for Pediatric Disaster Medicine Training Curriculum Key Competencies

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Introduction: Children differ from adults, developmentally, physiologically, and psychologically. Additionally, children lack legal agency, and thus rely on adults to gain access to the healthcare system and other resources. Though children are often the face of disaster relief, the desperate needs of children can fall through the cracks during disaster response. Many training programs for disaster responders do not give pediatric concerns and issues the appropriate attention they deserve. Pediatric disaster medicine is often minimally addressed in emergency medicine residencies and prehospital provider training. Furthermore, pediatric disaster supplies and protocols are often lacking and insufficient to meet the needs of children during and after disasters.

Method: This is a modified Delphi study. An initial set of pediatric disaster medicine competencies from a systematic review of PubMed, EMBase and the gray literature will be presented to an initial group of Subject Matter Experts (SMEs) comment, additions, and edits. This modified set of competencies will then be distributed to a large group of providers with experience in the field. Through a series of surveys, each competency in the curriculum will be rated. Those competencies which achieve a high overall rating will be reported.

Results: Data collection and analysis expected to be completed by April 2023.

Conclusion: This modified Delphi study will establish and prioritize a set of core competencies for pediatric disaster response based on expert recommendations. The use of such gold standard core competencies to develop discipline-role-specific pediatric disaster training can increase pediatric disaster workforce capacity and competency critically needed to improve pediatric disaster response.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s181–s182
doi:10.1017/S1049023X23004715

Disaster Medical Responder’s Course for Training of Field Medical Teams in Singapore

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Introduction: Many mass casualties in Singapore will require on-site prehospital care. Each year, emergency medical service (EMS) teams are tasked with on-site medical interventions to prevent patient morbidity and mortality. The training of Disaster Medical Responders (DMRs) is one of the key components of the prehospital team. Prehospital care and Disaster Medical Responder education is critical to establish a robust prehospital model that can serve the community in times of need.

Method: If the prehospital model is to serve the community well, prehospital education and training must be a priority. The Secretariat of the Singapore prehospital disaster training committee has established a program of training and education for Disater Medical Responders. The training curriculum is aimed at providing evidence-based, hands-on training to enable disaster medical responders to better care for disaster victims. The training curriculum includes a complete set of needed skills to treat the patient at the scene, including Trauma Airway Management, Cardiopulmonary Resuscitation (CPR), Advanced Life Support (ALS) skills, and basic life support (BLS) skills.

Results: The training curriculum will be delivered to the prehospital team of Disaster Medical Responders. The training curriculum will be evaluated for its effectiveness in improving the disaster medical responder’s ability to care for disaster patients.

Conclusion: The training curriculum will be evaluated for its effectiveness in improving the disaster medical responder’s ability to care for disaster patients. The training curriculum will be evaluated for its effectiveness in improving the disaster medical responder’s ability to care for disaster patients.

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doi:10.1017/S1049023X23004715

Prehospital and Disaster Medicine
Vol. 38, Supplement 1
Introduction: Casualties need to be triaged, stabilized and treated before they can be evacuated to the hospital. However, when Field Medical Teams (FMTs) arrive at the First Aid Post (FAP), the staff has to perform outside of their usual settings. There are also differences in the conception of medical operations, organization of the FAP, availability of medical equipment and supply, as well as means of communication, command, and control which can affect their performance and eventually the optimal survival of casualties during a mass casualty incident.

Method: Guided by Kern’s model for curriculum development, Disaster Medical Responder’s Course (DMRC) was developed. The curriculum focused on disaster response operations and processes; roles and responsibilities; command and control; communication; as well as supplies and resources. The content was taught through interactive lectures and skill stations. Course evaluation was based on the Kirkpatrick Model. A feedback form evaluated the reaction of the participants as to whether the course was relevant, if they learnt new knowledge and skills, and if they could apply these to their roles as FMTs. A tabletop exercise evaluated learning with participants working collaboratively.

Results: DMRC has been sustainable since 2013 with six to eight courses per year. There had been numerous revisions of the content and delivery to keep up-to-date with the latest concept of operations, best practices from the literature, as well as educational methodologies. The last update was in 2020 in response to the COVID-19 pandemic where course schedule and mode of delivery were adjusted to comply with the safe management measures.

Conclusion: FMTs will require training so they can function to their maximum capacity and capability. In Singapore, DMRC is the course for this unique and important training of FMTs. DMRC plays a pivotal role in ensuring the preparedness and operational readiness of FMTs for mass casualty incidents.

Using Ambulatory Care Sensitive Conditions to Assess Primary Health Care Performance during Disasters

Introduction: Ambulatory care sensitive conditions (ACSCs) are health conditions for which appropriate primary care intervention could prevent hospital admission. ACSC hospitalization rates are a well-established parameter for assessing the performance of primary health care (PHC). Although this indicator has been extensively used to monitor the performance of PHC systems in peacetime, its consideration during disasters has been neglected. The World Health Organization (WHO) has acknowledged the importance of PHC in...