

Tactical EMS Deployment at the G7 Summit in Charlevoix, Quebec

Ms Emmanuelle St-Arnaud

Urgences-santé, Montreal, Canada

Introduction: The G7 Summit was held in Charlevoix, Quebec (Canada) on June 8 and 9, 2018. The Urgences-santé Corporation (USC), in charge of prehospital emergency services in Montreal and Laval, was asked to intervene outside of its usual territory during the Summit, mainly because it has the only tactical medical team in the province of Quebec to be equipped and trained for high-risk situations.

Aim: Part of USC's tactical medical team was deployed to the Charlevoix region from May 29 to June 10, 2018. The team had two responsibilities: act in the event of a chemical, biological, radiological, nuclear or explosive (CBRNE) attack, and in the event of social disturbance or violence, provide care for protestors and the police officers tasked with maintaining and restoring order.

Methods: The mission required rigorous preparation to ensure the team's safety outside its usual area of activity while maintaining full coverage of metropolitan Montreal, where the impacts of the G7 Summit were also felt. Emphasis was placed on intensive coaching of the tactical medics, on joint training, and on the coordination of intervention protocols across EMS, fire and law enforcement.

Results: A total of 14 tactical medics and two managers were sent to Charlevoix for the Summit. Before their departure, three joint training days were held, and our training center provided six days of training to our partners.

Discussion: While no CBRNE incident or major social disorder occurred during the Summit, USC was able to gain more visibility and therefore reach out to different organizations on site. Close ties were developed with the Sûreté du Québec (provincial police), with whom USC now regularly collaborates during training and interventions. The lessons learned also helped consolidate our extra-territorial deployment procedures.

Prehosp Disaster Med 2019;34(Suppl. 1):s172

doi:10.1017/S1049023X19003935

To Sedate or Not to Sedate? Lessons Learned from a Novel Pediatric Simulation-Based Training Curriculum for Procedural Sedation Privileges in Acute Care Pediatricians

Dr. Paul Severin¹, Dr. Beverley Robin²

1. Rush University Medical Center, Chicago, United States
2. Rush University Medical Center/Stroger Hospital of Cook County, Chicago, United States

Aim: To develop a simulation-based pediatric procedural sedation curriculum for acute care attending physicians to achieve and maintain privileges in this important skill.

Methods: Neonatal and pediatric intensive care physicians participated in simulation-based sedation training to achieve and maintain sedation privileges. Participants were required to review pediatric sedation materials prior to participation. Demographic data were collected prior to the simulations, and all participants completed a pre-test to assess their baseline knowledge. Sessions were held in the simulation center or neonatal intensive care unit

(depending on group), and the attending physicians, in pairs, participated in two high-fidelity mannequin scenarios (sedation for a painful procedure; hypoxia during sedation). Simulations were followed by a facilitated debriefing session while utilizing a standard performance checklist. All participants completed a program evaluation at the conclusion of their training.

Results: Neonatal (n=11) and pediatric (n=9) intensive care attending physicians participated in the sedation simulation training. The program was well received and 100% rated it as "excellent" or "very good". All participants strongly agreed the instructors allotted time for questions/answers, 100% strongly agreed the debriefing/feedback was effective, 95% strongly agreed instructors had a thorough knowledge and understanding of the program, were supportive, and facilitated learning, and 95% strongly agreed the equipment and physical environment were conducive to learning. Participants reported that simulation-based training and the use of a standardized checklist during facilitated debriefing were very helpful and effective for sedation training. Additionally, many participants indicated the desire for more simulation-based training.

Discussion: Simulation-based sedation training is a feasible, easy to implement, and viable learning technique for acute care physicians.

Prehosp Disaster Med 2019;34(Suppl. 1):s172

doi:10.1017/S1049023X19003947

Train Related Injuries: Growing Concern in Developing Countries and Five-year Experience at Level-1 Trauma Center in India

Dr. Dinesh Bagaria, Dr. Niladri Banerjee, Dr. Parvez Mohi Ud, Prof. Amit Gupta, Dr. Mohit Joshi, Prof. Sushma Sagar
All India Institute Of Medical Sciences, New Delhi, India

Introduction: Indian railway systems are fourth largest in the world, and cause on average 15 deaths daily due to various intentional and unintentional reasons. This study presents a 5-year retrospective data analysis of polytrauma patients with train-related injuries.

Aim: To highlight key lessons learned from data analysis to inform better safety measures and laws.

Methods: Trauma registry data between 2012 and 2016 were analyzed for patients with train-related injuries. Data from 726 patients were analyzed for demographics, event, injuries, management, and final outcome. ISS was used to quantify the extent of injury.

Results: Mean patient age was 33 years with an 86% to 14% male to female ratio. 62% of patients were in the 20- to 40-year age group. Average time of arrival at health facility post-injury was 3.3 hours. Half of the patients were trespassers. Mean ISS was 11.65. Chest injuries were present in 24.6% of patients, with half requiring interventions like ICD insertion or surgery. 20% of patients underwent amputations of extremities. 40% of patients needed admission to the ICU. 3.5% died in the Emergency Department (ED). Mean hospital stay was 17 days with an in-hospital mortality of 17.4%.

Discussion: This analysis is the largest to date showing comprehensive injury patterns and outcomes of train-related injuries