

since 1997. The target group of the TRC consists of doctors and health care professionals. The primary aim of the TRC is to provide a standard training and enhance the quality of service. The certificates, which is valid for five years, have been given to the professionals who have succeeded in the theoretical and practical exams.

Methods: The authors have conducted an epidemiologic-descriptive method in this study. In the scope of the study, 90 professionals were called for four different courses, and 82 of them attended the theoretical and practical training. The gathered data were evaluated by making frequency distributions.

Results: In all, 63.4% ($f = 52$) of the participants consisted of women and 73.1% ($f = 60$) are high school graduates. The practice skills of the participants were classified under the eight titles. Respectively mean score of them; the Mean Score (MS) of providing advanced airway (intubation) is 18.9/20; MS of establishing vascular access and intraosseous attempt is 9.9/10; MS of stabilizing the neck and vertebra is 19.8/20; MS of the centric extraction device (CED) is 9.9/10; MS of the traction splint is 9.7/10; MS of the vacuum stretcher is 9.3/10; normal stretcher is 9.5/10, and combination stretcher is 9.8/10. The general mean score of the theoretical exam is 83.6, practicing mean score is 96.9, and the general success average is 90.2.

Conclusion: The TRC scores of the CEMS personnel have been found to be quite high.

Prehosp Disaster Med 2017;32(Suppl. 1):s99-s100

doi:10.1017/S1049023X17002564

No Cost Solutions to Performance-Based Disaster Medical Education

Lancer A. Scott¹, Kemp Anderson²

1. Div Of Em, Medical University of South Carolina, Charleston/SC/United States of America
2. Medical University of South Carolina, Charleston/SC/United States of America

Study/Objective: High-quality clinical disaster medicine requires medical teams working in chaotic environments. Many disaster education providers fail to adequately assess disaster performance during training, often concerned with the cost and complexity of such assessments. We created a competency-based, 5-hour Emergency Preparedness Training (EPT) curriculum with low-fidelity training tools and easy to reproduce skill assessments to improve trainee knowledge, confidence, and disaster medicine skills.

Background: High-quality clinical disaster medicine requires medical teams working in chaotic environments. Many disaster education providers fail to adequately assess disaster performance during training, often concerned with the cost and complexity of such assessments.

Methods: Diverse groups of medical university students, health care professionals, and community members were enrolled between 2011 and 2014. The course consisted of an online questionnaire, didactic lectures, small group exercises, and two live, multi-patient, mass-casualty incident (MCI) scenarios.

Results: All 708 participants completed the course. They were trained over three years, including 49.9% physicians, 31.9% medical students, 7.2% nurses, and 11% various other health care professionals. All 100% of the participants completed the pretest and 71.9% completed the posttest, with average correct answers increasing from 39% to 60%. Trainees met 73% and 96% of performance objectives during small group exercises and 68.5% and 61.1% during the two MCI scenarios. Both overall knowledge and confidence with clinical disasters improved from 33/100 to 74/100 (overall knowledge), and 33/100 to 77/100 (overall confidence). 91.5% of trainees highly recommended the course. Average cost of training was less than US \$100 per course.

Conclusion: Simple EPT design elements can improve trainee knowledge, confidence, and disaster medicine skills at a very low cost. This unique EPT curriculum may help educators with limited resources implement performance-based medical team training effectively and efficiently.

Prehosp Disaster Med 2017;32(Suppl. 1):s100

doi:10.1017/S1049023X17002576

Legal Accountability of International Emergency Medical Teams In Disasters

Patrycja Szepczyńska, Johan Von Schreeb

Department Of Public Health Sciences, Karolinska Institutet Centre for Research on Health Care in Disasters, Stockholm/Sweden

Study/Objective: This research maps and explores existing legal systems that, within a disaster context, may be applied to hold International Emergency Medical Teams accountable for medical errors.

Background: International Emergency Medical Teams (IEMT) provide clinical care to populations affected by disasters. However, while well intended, their work may result in harm to a patient. To date the medical legal accountability of IEMTs has not been systematically assessed.

Methods: This study is a narrative literature review. An initial search in Google and other search engines was performed. Legal documents, guidelines and grey literature referring to legal accountability of IEMTs were selected. Results were organized in two categories: international legal system and national legal system.

Results: IEMTs are deployed by different relief agencies, including governmental or non-governmental organizations, which are subjects to separate legal systems, for instance, of their own countries or international laws. No international laws related to disasters provide for mechanisms of IEMT's legal accountability. However, there are non-disaster international legal systems applicable to certain types of relief agencies deploying IEMTs - for instance, regional human rights systems. No database provides for a list of national legislations relevant to IEMTs, nevertheless the research confirmed that national disaster or non-disaster laws could be applied. There is no record of any legal case against an IETM decided in favor of a patient.

Conclusion:

- There is no specific legal system designed for enforcing legal accountability of IEMTs.