Enhancement' dominated EMT-IIs' 'Competency', followed by 'Length of Time for Field experience', 'Instructor Expertise', 'TA Expertise', and 'Willingness to Learn'. Both 'Age' and 'Total Course Time' had a negative effect on 'Competency'. 'Capability Enhancement' was mainly influenced by 'Practice Absorption' and 'Theory Absorption', followed by "Willingness to Learn", 'Instructor Expertise', 'Total Course Time', 'TA Expertise', 'Self Confidence' and 'Practicum Time in Ambulance Station'. However, the construct of 'Teaching Technique" imposed a negative effect on 'Capability Enhancement'.

Conclusion: The SEM model explains 75.7% of the variances in competency for EMT-IIs. The 'Competency' is dominated by 'Capability Enhancement'. Improving the quality of course, instead of time, and recruiting younger EMT-IIs may advance the competency. Modification of 'Teaching Technique' may enhance the capability of EMT-IIs.

Prehosp Disaster Med 2011;26(Suppl. 1):s108–s109
doi:10.1017/S1049023X11003633

(P1-32) Training Needs Assessment of the Public Health Nurse (Phn) Competency at Health Post in Nepal

S. Lamsal, A. Badhu
Community Health Nursing, Dharan, Nepal

Objective: This study aimed to assess the training needs of public health nurses (PHN) and compare the job performed by them with job descriptions.

Materials and Methods: A descriptive study was conducted by utilizing triangulation research method. It was conducted in Eastern and Central regions of Nepal with 13 PHNs (of 13 districts among 75 districts of Nepal) and their supervisors were included as the samples. Data was collected by using standardized tools.

Results: The mean age of the PHNs was 43.69 ± 9.4 years. Near half (46%) had 10 to 20 years job experienced. Most of the respondents (85%) had done PCL Nursing. All most all (92%) subjects had undergone some in-service education. Most of them (57%) used to visit health posts. The majority of PHNs (85%) assisted in planning and implementation of program for a health post. The Majority (85%) were involved in educational activities. Most (85%) were used to supervise the staffs working at health post. The majority of PHNs (77%) were not involved in research activities. Most of them (85%) prioritized the needs of training on recent concepts to bridge the gap between traditional and recent concepts of public health.

Conclusion: PHNs have broad areas of nursing expertise and opportunities for work if needed in a sufficient manpower at the district level. Most of them completed PCL nursing a number of years previously and therefore need training on recent advances and need to recruit more PHNs to improve public health services in Nepal.

Prehosp Disaster Med 2011;26(Suppl. 1):s109
doi:10.1017/S1049023X11003645

(P1-33) Psychological Stress and Effect of War on Education and Educator

A. Reha
Emergency and Training, Harrow-Middlesex-London, United Kingdom

Background: A well sounded education in a peaceful environment is a stepping stone to a good future of a society. Therefore, we can say the foundation and potentiality of economic and socioeconomic of any country is well defined by this.

Discussion: Not everyone receives the reward of education that plays a vital part in their lives. The main reasons as to why this is the case, Is due to the environment the person/individual lives in. For example, when a child is living in conflict and poverty as a major crisis the need for education will be ignored. Children in war torn countries such as Afghanistan where children are constantly under physical and psychological stress due to their schools being destroyed by bombardment and also the killing of their educators. Furthermore, children in war torn countries have a high risk of concern for a pointless education as they don't get a chance to attend school regularly, but they will dapper with educational stress. In this situation all the educators and their students will be whirling in the storms and floods of psychological stress. Education is very emotional and traumatic as it is in Afghanistan, where they suffered through the unfair interference of outsiders in their home country as the Russian did by the name of democracy in 1979–1998. Unfortunately, following 09/11 a new time has set with a new kind of invasion which is going on. We now observe more tragic situation which again external powers are injecting their culture and foreign bodies in Afghanistan. It's obviously drying out the water of our culture.

Conclusions: Where the Culture itself is one of the most important and valuable aspect of life it is a tower of education. Without culture, education would never have been built and so never could be improved.

Prehosp Disaster Med 2011;26(Suppl. 1):s109
doi:10.1017/S1049023X11003657

(P1-34) Chinese Undergraduate Nursing Student's Attitude and Understanding of Disaster

H. Yin,[1] L. Wang,[2] H. Lu,[2] X. Yu,[2] P. Arbon,[3], J. Zhu[2]
1. Department of Emergency Nursing, School of Nursing, Chongqing, China
2. School of Nursing, Chongqing, China
3. School of Nursing and Midwifery, Adelaide, Australia

Objective: To identify attitudes and understanding of Chinese undergraduate nursing students towards disaster, therefore providing information for the development of a disaster nursing curriculum in the Chinese context.

Methods: A total 214 undergraduate nursing students (Year 1 to 4) in one medical university in China were surveyed in 2010.

Results: The majority of undergraduate nursing students (94.9%) were concerned about disaster, 46.7% of them thought they were very knowledgeable about disaster, while 39.3% of them stated they were moderately knowledgeable about disaster. The most popular way for the students to get information about disaster was television (88.3%), followed by internet (67.8%) and newspaper (45.8%). Only 33.6% of them said they gained information from the university. Earthquake (93.7% of students) and flood (36.1% of students) were mentioned by the students as examples of disasters that have occurred in China. The majority of students said the Wenchuan earthquake (2008) was the disaster that had the greatest impression on them. Five aspects were identified

from their description of disaster, which included the cause, category, characteristic, impact and type of disaster. 36.4% of students were certain that disaster would happen again in China. A further 50.9% felt disaster was likely. Flood and earthquake were considered the most likely future disasters. 71% of nursing students strongly agreed that being prepared for disaster was important. The main reasons were better preparedness could decrease the damage to property and the incidence of death and injury. However, the level of understanding of the effects of disaster and the exposure of students to education about disaster health response was limited.

Conclusion: Knowledge and skills for disaster preparedness of nursing students should be strengthened in the medical university.

Prehosp Disaster Med 2011;26(Suppl. 1):s109–s110
doi:10.1017/S1049023X11003669

(P1-35) Adapting a Humanitarian Organization for Disaster Response, Operation Smile in Haiti, 2010

R. Zoraster,[1] M. Beers,[2] T. Crabtree[1]

1. Honolulu, United States of America
2. Operation Smile, Norfolk, United States of America

Background: Operation Smile International (OSI) is a Non-Government Organization (NGO) with experience providing surgical care throughout the world. OSI has vast logistical capacity, skilled and credential providers, and international relationships. Disaster response had been considered by OSI in the past, but never initiated. However, the magnitude of the Haiti disaster, coupled with request from Haitian OS Partners led to the initial disaster response of the OSI organization.

Discussion and Observations: This presentation will: (1) Describe the considerations and rationale that led OSI to this intervention. (2) Discuss the process of developing a disaster response within a relatively short period of time. (3) The response itself, and (4) Present how the lessons learned will be adapted to future OSI capacity and planning.

Prehosp Disaster Med 2011;26(Suppl. 1):s110
doi:10.1017/S1049023X11003670

(P1-36) Mass Casualty Incident Awareness of Remote Location Staff in Western Australia

R. Goswami

Western Operations, Perth, Australia

Introduction: The state of Western Australia has a remote population spread throughout an immense area. Remote health and retrieval is strained on a day-to-day basis, let alone in mass casualty incidents (MCIs). Anecdotally, remote medical staff has minimal training in MCI response. There is no research into how aware these staff is on principles of MCI response.

Methodology: An online survey was devised to ascertain the awareness and knowledge of medical staff most likely to be involved in a disaster. Demographic as well as questions in scenario format were disseminated to rural general practitioners (GPs), nurses and paramedics. Data was collected over a 4-month period.

Results: 117 surveys were completed online. Analysis revealed an astute awareness of resources and environment in a potential MCI but triaging was poor and complex decision-making results were equivocal. Trained respondents handled scenarios better than experienced (MCI involvement or planning) respondents.

Conclusions: In general, remote medical staff is aware of only certain MCI principles. Further training is warranted. Voluntary feedback from these staff also strongly corroborated this view.

Prehosp Disaster Med 2011;26(Suppl. 1):s110
doi:10.1017/S1049023X11003682

(P1-37) Over and Undertriage in Simulation Exercises

E. Styrwoldt

Department Of Education, Stockholm, Sweden

Over and undertriage in simulation exercises Introduction The first healthcare personnel arriving at the scene of an accident or major incident is often an ambulance crew. It is therefore of importance that they are familiar with, and can practice triage during situations were there is a lack of resources. Overtriage, when a casualty is given a priority higher than motivated, may lead to inadequate use of resources, while undertriage can be seen as a risk for medical errors. There is a consensus that up to 50% overtriage is accepted in order to have an undertriage, which is less than 5%. The aim of this study was to increase knowledge regarding prehospital personnel's triage during standardized simulation exercises.

Material and Method: 76 standardized simulation exercises where the triage of casualties was evaluated. The exercises were part of a training program for medical command and control at scene. The students trained were all professional ambulance crew. The scenario was a fire at a football stand with 50 causalities. All in all 3800 (76 x 50) triages were performed. The simulation system used was Emergo Train System. Prior to the exercises an expert group had triaged the causalities according to the MIMMS system (sieve). Of the 50 patients 15 were triaged as T1 by the expert group and the rest were not.

Results: Of the 3800 triages 37% (n = 410) were classified as undertriage and 13% (n = 134) as overtriage. The most frequently undertriage casualties had an airway and/or breathing problem that were not observed. The most frequently overtriage casualties had a burn injury involving 30% of body surface area or unconscious casualties.

Conclusions: Triage in this simulation setting did not meet acceptable standards. More triage training for ambulance crew may improve outcome. More studies are needed regarding simulation exercises as a tool for evaluating results of triage.

Prehosp Disaster Med 2011;26(Suppl. 1):s110
doi:10.1017/S1049023X11003694

(P1-38) Emergency Department Preparedness for Training Management Plan towards Mass Casualty Incidents

W.L. Chan

Emergency Medicine, Singapore, Singapore

It is important to equip emergency department (ED) staff with skills to manage mass casualty incidents (MCI) as disasters