

conferences can cooperate and contribute to disaster preparedness and prevention in the new era.

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The 25 Years of Experience Since Inauguration of All-Russian Center for Disaster Medicine “Zaschia” (Protection)

Mr. Gennady Kipor, N. Baranova, N. Pichugina, S. Goncharov
All-Russian Center for Disaster Medicine “Zaschita”, Moscow
Moscow region, Russian Federation, Moscow, Russian Federation

Introduction: Main functions of the Russian Federation in disasters and emergencies are loaded on All-Russian Center for Disaster Medicine of Ministry Health (ARCDM). The principal strategies of the staff are to play leading roles in preparedness, emergency response, evacuation, recovery of health systems, and education.

Methods: Our presentation includes selection, classification, analysis, and statistics. There about 80 territorial Disaster Medicine Centers working under the leadership of ARCDM. One experience from the Moscow Territory Disaster Medicine Center will be presented.

Results: At the operational and informational department, there are nine special medical emergency teams (three with helicopters). Time of arrival takes between seven and ten minutes, and transport to the hospital takes about five to seven minutes with 33 landing places for helicopters. The operational and control department uses an early warning system. About 1,300 exercises were organized in these centers and hospitals. We will discuss the examples of medical care delivery to the injured in metro Slaviynskie, Basar park Pobedi, Narofominskay, two major fires, and hurricanes. The mobile field hospital worked in more than 12 countries and in many territories in the Russian Federation over 25 years.

Discussion: The last year was very difficult due to the Football World Cup, working hard as a collaborating center in emergencies, and working in the framework of a memorandum with China. Preparedness for an international event next May, which includes a field drill with participants from emergency medical teams of Health Ministries of CIS Countries and from State Health of China. We invite others to observe or join this event. Thus, we have some difficulties and problems, but we must increase solidarity and collaboration due to the scale, frequency, and number of losses in emergencies and disasters. Humanity could be able to cope with emergencies if we take into account these issues.

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Absence of Cultural Awareness Training in International Non-Governmental Organizations

Dr. Alexander Hart, Dr. Fadi Issa
BIDMC Fellowship in Disaster Medicine, Boston, United States

Introduction: Cultural awareness is the understanding of differences in cultures, and openness to these differences. It

is a vital step in the development of cultural sensitivity and becoming operationally effective when working within different cultures. The benefits of Cultural Awareness have become apparent in recent decades, including within governments, militaries, and corporations. Many organizations have developed Cultural Awareness training for their staff to improve cross-cultural cooperation. However, there has not been a large movement toward cultural sensitivity training among Non-Governmental Organizations (NGOs) who provide aid across a number of countries and cultures. Cultural Awareness can be a useful tool which enables an NGO to better serve the populations with which they engage.

Aim: To evaluate the presence within International NGOs of Cultural Awareness Training to employees and volunteers.

Methods: Ten of the largest international NGOs were identified. Their websites were evaluated for any mention of training in Cultural Awareness available to their employees and volunteers. All 10 were then contacted via their public email addresses to find out if they provide any form of Cultural Awareness training.

Results: Of the ten NGOs identified, none have any publicly available Cultural Awareness training on their websites. One NGO deals with cultural awareness by only hiring local staff, who are already a part of the prevalent culture of the area. None of the others who responded have any cultural awareness training which they provide.

Discussion: Cultural awareness is a vital tool when acting internationally. Large NGOs, which operate in a wide range of cultures, have an obligation to act in a culturally aware and accepting manner. Most large NGOs currently lack cultural awareness training for their employees and volunteers. It is time for these NGOs to develop, and begin to employ, cultural awareness training to better prepare their staff to serve international populations.

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Abu Dhabi Police Ambulance EMTs Medical Errors January-October 2018

Dr. Riadh Chalgham
Emergency and Public Safety Department-Abu Dhabi -UAE, Abu Dhabi, United Arab Emirates

Introduction: Medical errors are a reality for Emergency Medical Technicians (EMT's) working in a prehospital, high-stress environment. A “medical error” can be defined as a mistake or system failure which results in improper care of a patient's injury.

Aim: To study the frequency, severity, types, and causes of medical errors committed by Abu Dhabi Police Ambulance (ADPA) crews, and how to prevent these errors. The study is retrospective. All the data was collected using the Electronic Patient Care Report (EPCR) of all the patient treated and transported by ADPA crew from January to October 2018. After the EPCR auditing and monitoring, the medical errors were identified and discussed by a medical committee.

Results: The total number of studied EPCR (trauma and medical cases) was 36,000. The medical errors identified were 265 cases (0.74%). 134 cases (51%) were moderate (can cause side effects), 115 cases (43%) were minor, and 16 cases (6%) were critical (can lead to death). The most common type of medical errors were cognitive errors. The causes were skill-based errors 27 times (10%) with 16 intravenous failures, 10 intraosseous failures, and one dislodged endotracheal tube after orotracheal intubation. The rule-based errors were committed five times (2%) when the Paramedics did not follow ACLS Algorithm, three times shockable cardiac arrest and two times Pulseless Electrical Activity. The knowledge-based errors were drug indications errors five times (2%). The three EMT's levels in ADPA (Basic, Intermediate, and advanced) committed medical errors. The question to ask is not who made the mistake, but why the mistake was made. Preventing ADPA crew errors requires a systematic approach to modify the conditions that contribute to errors. The strategies are developing more awareness of cognitive errors by education and incorporating simulation into training.

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The Advanced Practice Provider in Federal Disaster Medical Response: An American Experience

Ms. Erin Lennon

Department of Surgery, University of Colorado School of Medicine, Aurora, United States

Introduction: Advanced Practice Providers (APP) are utilized in the United States National Disaster Medical System (NDMS) and consist of Certified Registered Nurse Anesthetists (CRNA), Nurse Practitioners (NP), and Physician Assistants (PA). They fill a critical role as Medical Officers in the Federal Disaster Medical Response on both Disaster Medical Assistance Teams (DMAT), Trauma & Critical Care Teams (TCCT), and United States Public Health Service (USPHS). DMAT teams and components of TCCT and USPHS responded to National Security Special Events, multiple natural disasters over the past two years including prolonged hurricane response in 2017 and 2018. The APPs were heavily utilized in key roles throughout the responses with much success.

Aim: To explain how APPs are a vital component to US Federal Disaster Medical Response and are able to fill a multitude of roles as Medical Officers.

Method: We used qualitative data from APPs in the US NDMS system illustrating what roles they filled during recent disaster responses.

Results: The APPs were key components to the US NDMS response to disasters in the US and US territories by providing direct medical care as APPs, aid in medical evacuation, triage, healthcare administration, and medical infrastructure evaluations.

Discussion: The APP is essential in the US Federal Disaster Medical Response and future research would be to obtain quantitative data on APPs in the U.S. NDMS. With increasing natural and man-made disasters affecting more people across the world annually, the increasing global population, and

expected international health care worker shortages, APPs can be part of the overall solution to Medical Officer shortfalls and other key components in future disaster responses throughout the world. As APPs are not widely utilized worldwide, there will need to be education on what APP training is and how they can be utilized in areas not familiar with their abilities.

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Analysis of Disaster Psychiatric Assistant Team Activity During the Past Four Disasters in Japan

Dr. Sho Takahashi^{1,2}, Dr. Hirokazu Tachikawa³,
Dr. Yasubisa Fukuo^{4,5}, Mr. Yoshifumi Takagi⁶,
Dr. Arai Tetsuaki³, Dr. Michiko Watari⁴

1. Department of Psychiatry, University of Tsukuba, Tsukuba, Japan
2. Department of Psychiatry, Ibaraki Prefectural Medical Center of Psychiatry, Kasama, Japan
3. Department of Psychiatry, University of Tsukuba, Tsukuba, Japan
4. DPAT secretariat, Tamachi, Japan
5. Kanagawa Prefectural Psychiatric Medical Center, Yokohama, Japan
6. Nippon Fukushi University, Chita, Japan

Introduction: The Disaster Psychiatric Assistant Team (DPAT) is Japan's original mental health care dispatched team during disasters. Established in 2013, this team has been involved in the response to many disaster-related mental issues. **Aim:** We aimed to evaluate the DPAT activity in response to the past 4 disasters (Ontake volcano, Hiroshima flood, Joso flood, and Kumamoto earthquake), using the disaster mental health information support system (DMHISS).

Methods: DMHISS data from the four disasters was extracted. Descriptive statistics were performed from the obtained dataset and the characteristics of the disaster victims from each disaster were compared and examined.

Results: About 2,400 cases were obtained and tabulated to from the database. Based on descriptive statistics, the DPAT support objectives, activities and activity periods Aim to establish (1) the characteristics of the affected areas (population composition, psychiatric medical condition), (2) the scale and content of the disaster (the injured, building damage, number of evacuees), and (3) the activity ability. The number of counseling cases peaked several days after the disaster onset, and the importance of the DPAT activity during the acute phase was confirmed. The time course of the consultation number, which is a measure of the termination, could be predicted from the disaster scale and content. These results suggest that DPAT activity may be a guideline for local disasters for one month and for wide-reaching disasters for two months or longer.

Discussion: It is suggested that the timing of activity and the termination period could be estimated from factors including the type of disaster, the size of the disaster, and the number of evacuees using the disaster mental health medical activities from four disasters. It should be considered necessary to accumulate data and examine indicators related to the DPAT activity.

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