Transformative Surgical Team Training  
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Introduction: Sudden onset disasters exceed the capabilities of local health services. Emergency Medical Teams (EMTs), including the Australian Medical Assistance Team (AUSMAT), are a vital element of the Australian Governments capacity to respond to regional and international sudden-onset disasters. AUSMAT has the capacity to deploy an EMT Type 2 surgical field hospital and has been successfully verified by the World Health Organisation (WHO). All AUSMAT members must complete AUSMAT Team Member training. The National Critical Care and Trauma Response Centre, Darwin, Australia is responsible for all AUSMAT training.

Aim: To educate and train the Surgical Team (perioperative nurses, surgeons, and anesthetists) in preparation for AUSMAT deployments in the austere environment.

Methods: Prior to 2015, the surgical AUSMAT training was conducted via two courses: one for perioperative nurses and a separate course for surgeons and anesthetists. In 2015, the course was redesigned with the aim of collaborative training with all the Surgical Team Members. The new Surgical Team Course (STC) engages all three professions to learn alongside each other and discuss potential difficulties in techniques, the daily running of the operating room, and ethical discussions.

Results: Since the rejuvenation of the STC, 15 surgeons, 17 anesthetists, and 18 perioperative nurses have completed the course. The attendees are familiarized with operational and clinical guidelines, the surgical field hospital, and operating room equipment including CSSD. A pivotal component of the course focuses on the essentials of medical records and Minimum Data Set reporting for EMTs as defined by WHO.

Discussion: Since 2015, the NCCTRC has successfully run two courses. The revised collaborative model for AUSMAT STC has enhanced the quality of the program and subsequent learning experiences for participants.

Triage Problem Among the Ambulance Crew (Paramedic) in Japan  
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Introduction: At various accidents or disaster sites, rescue, first aid, and transport to hospitals has been provided by ambulance crews (paramedics). In the case of mass casualties, they also need to operate triage for injured people.

Aim: To consider and reveal challenges in triage by ambulance crews (paramedics) on-site.

Methods: Interviews of seven ambulance crews (paramedics) and their instructors were conducted and their answers were analyzed.

Results: (1.) Triage black tags: declaring “deceased: not able to survive” might give a heavy mental burden and psychological responsibility. Legal protection and an interstitial rule will be necessary in the future. (2.) Missed triage: the ambulance crew cannot perform a triage that may develop a legal problem. It is always important to prevent ambulance crews from being chargened. (3.) Triage education and training: there are few triage trainings at fire departments although the number of emergency medical responses is increasing compared to fire response. It will be necessary to increase time of the triage education and training in near future. (4.) Command system (characteristic rank system in the fire department): There is a problem with the rank system in fire departments since confusion occurs when a commander of the First Aid Station is not a licensed paramedic. The ambulance crew (paramedic) usually consists of the three different ranked people. Individual operations are difficult during operation. Education for the paramedic executive is necessary for the fire organization.

Discussion: For the triage by ambulance crew (paramedic), legal protection by medical control operation is required, and it may lead to a reduction of heavy mental burden. Triage training is needed to improve the training of triage. The ambulance crew (paramedic) operates under the fire department command system. However, at the time of disaster, the ambulance crew (paramedic) should also work under the medical command system.