from a developing country. Patients injured on the platform and off the platform had the same severity of injuries. This analysis shows the need for safety measures and strict law enforcement both at the station and at the track.

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## Transformative Surgical Team Training

*Mrs. Amanda Gill, Mr. David Read, Ms Jodie Williams, Ms Annette Holian*
National Critical Care & Trauma Response Centre, Marrara, Australia

**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.

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## Triage Problem Among the Ambulance Crew (Paramedic) in Japan

*Dr. Keiji Nakata*
Social Studies of Disaster Management, Kobe Gakuin University, Kobe, Japan

**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 charged. (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.

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## Unexpected Lessons from a Mass Casualty Simulation: Strategies for Management of the Minimally Injured Can Increase Efficiency and Decrease Chaos

*Dr. Joseph McIsaac[1], Dr. Brenda Gentz[2], Dr. Patricia McFadden[1], Dr. John Coleman[3]*
1. University of Connecticut School of Medicine, Farmington, United States
2. University of Arizona, Tucson, United States
3. Virginia Mason Medical Center, Seattle, United States

**Introduction:** The SALT Triage system has been advocated as an easy-to-use sorting and treatment system for mass casualty incidents (MCI). Minimally injured (GREEN) patients tend to be in the majority and may cause impediments to access and treatment of the most critically injured (RED). By identifying flaws in MCI communications that impair effective patient care, responders can be more effective.
**Aim:** To discover strategies that effectively manage the minimally injured and leverage their help, increasing triage efficiency and treatment of the immediate casualties.
**Methods:** Direct observation, after-action debriefing, and literature search.