

guideline development or on the frontline, directly addressing the health care needs of refugees and asylum seekers. In the first instance, the work-group addressed five priority conditions.

Results: The collection “*Health of Refugees and Asylum Seekers in Europe*” was published on December 2, 2016, hosting curated resources from the Cochrane Library and other research outputs, categorized into guidelines; systematic reviews; articles; and other information.

Conclusion: Since publication, the refugee health collection, found on the website *EvidenceAid.org*, has received almost 600 page views, ranking it third amongst most viewed pages after the homepage and the resources tab for that period. On average, users have been spending 2.30 minutes on the page, suggesting the content is commanding attention. We will continue to encourage an evidence-based response to this crisis, and will report on usage of both collections at the conference.

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Ethics and Palliative Care During International Humanitarian Action

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Study/Objective: This is a critical interpretive synthesis of the ethical and practical limitations inherent to the provision of palliative care by humanitarian organizations during public health emergencies. Developed in dialogue with the SPHERE Project, the Palliative Care in Complex Humanitarian Emergencies network, and the Children’s Palliative Care Network, and was situated within a broader qualitative study on the place of and need for palliative care in humanitarian crises. Its findings can be adapted to inform guidelines for aid agencies for the provision of palliative care.

Background: Standards of care in crisis settings emphasize that patients who are dying should be treated with respect and properly attended to. However, in humanitarian crisis where demands for care outweigh resources, efforts are typically directed to those most likely to survive. The need for humanitarian agencies to provide palliative care was recently highlighted in the Ebola crisis, it is still unclear if, and how ‘end-of-life’ care is approached in context. Aid workers need to be equipped with the ability to initiate palliative treatment as a worthy intervention, even in times of crisis and scarcity.

Methods: Literature was captured using standardized, key and mesh term searches through academic databases, including MEDLINE, EMBASE, CINAHL, Web of Science, as well as grey literature databases (ReliefWeb, IGO).

Results: Findings described here include: (1) the interaction of humanitarian principles with triage priorities in disasters; (2) the politics and ethics of healthcare exclusion; (3) 3-case studies exemplifying the need for increased guidance and preparation for palliative care needs in humanitarian emergencies.

Conclusion: This Research for Health in Humanitarian Crises (R2HC)-funded analysis will help elucidate the realities of palliative care needs in humanitarian practice, and inform the development of guidelines and training to better prepare humanitarian healthcare teams for palliative and end-of-life needs in the field.

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Epidemiological Humanitarian Aid: Data for Evidenced Based Decision Making in Disaster and Conflict Medicine

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Study/Objective: Qualitative and quantitative assessment of disaster and Ukraine ATO/Contact Line to report the incidence and prevalence of communicable and noncommunicable disease (NCD) (to include trauma) to better serve policy and decision makers on humanitarian aid packages. A thorough assessment tool for civil and military medical needs, gaps, and reporting that feed into all disaster services to enable evidenced-based decision making.

Background: Currently, many barriers and challenges remain for donors, humanitarian actors, and governmental institutions to appropriately allocate resources due to the lack of sound data and epidemiological principles. Systems and standards for disaster preparedness, prehospital medicine, evacuation chain management, and noncommunicable disease are lacking and require evidenced-based decision making at a policy level.

Methods: A thorough, quantitative, and qualitative descriptive analysis and updated stakeholder mapping to describe the methods for carrying out emergency operations, the process for rendering mutual aid, the emergency services of governmental agencies requiring interoperability, analyze how resources are mobilized, how the public and other agencies will be informed, and the process to ensure continuity of government and core functions, such as rule of law, during an emergency or disaster and all other medical services. This must include a data-driven epidemiological core focus based on data, applicable to any manmade or natural disaster, and be sustainable in nature. This must be testable, reproducible, and well-versed across agencies. Medical support elements and security assets may create a clear picture that will enhance support for both Ukraine MoD, Ukraine MoH, and other NATO-associated partners.

Results: Assessment Reports and data tools able to sustainably highlight disaster preparedness, evacuation chain management,