

(CAR), in a context of a weak, safe water supply system (less than 55% people in rural areas in 2015), and a poor sanitation system (7% people in rural areas), as well as a weak capacity to deliver health services. The outbreak reached the capital city exposing 1.7 million people and 243,000 Internally Displaced Persons (IDPs). A strong multi-sectoral coordination was set up.

**Methods:** A case study on a field experience.

**Results:** Twenty deaths and 265 persons were notified as the result of the cholera outbreak from week 27 to 37. Three levels of coordination:

The Public Health Emergency Operation Center (COUSP) where a technical strategic coordination was taking place to define and implement the response plan. Within the COUSP different experts, decision makers and support teams were analyzing the situation and organizing means for the response, including the rapid response teams, community engagement and communication to stop the spread.

Taskforce cholera is made up of different humanitarian relevant cluster partners (Health, WASH, Camp management, Food Security/nutrition, education and logistic), and implementing technical advices from the COUSP including case investigation and management.

The Outbreak multi-sectoral committee that involves national relevant ministerial departments to ensure joint interventions.

**Conclusion:** A strong technical and operational coordination contributed to mobilizing all available resources, and guide the response in order to win the race against cholera and avoid further risk to about 1.7 million. This experience should guide future responses to disease outbreaks.

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### Developing Smart Practices for Prehospital Field Staff in Situations of Insecurity through Knowledge Co-Construction

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**Study/Objective:** The Community of Action for Ambulance and Prehospital Emergency Care Providers in Risk Situations is a network of experts and other relevant actors, committed to improving the operational security in situations of insecurity, in order to better access people in need of emergency medical assistance. There is a lack of high-quality case studies that document the experience and practice of prehospital care. The Community of Action requires effective tools to build its network, develop high-quality knowledge, and foster learning between its members.

**Background:** Almost irrespective of the country or the services, prehospital care providers risk being exposed to violence and/or the threat of violence. The extent and frequency of the violence will vary, but threats, insults and physical attacks are a reality for ambulance and prehospital personnel even in the most peaceful contexts. Considering the serious consequences of such violence, there has been very little research done on this problem, and the

solutions that have been developed to address it. Therefore, it is challenging to advocate for change and help the providers to safely deliver on-the-job that they are mandated to do.

**Methods:** A 4-week digital course using Scholar - a system for learning through knowledge co-construction, was developed in partnership with the Geneva Learning Foundation.

**Results:** Each participant developed a draft case study, then peer reviewed the drafts of three of their colleagues, and finally revised their initial draft using the feedback from their peers. Through the four weeks, participants engaged in a private, shared space for dialogue.

**Conclusion:** The Scholar process, based on peer review that models how prehospital practitioners solve problems, learn and collaborate, produces an immediate benefit for those involved as both authors and reviewers; quality; strengthened professional relationships that outlast the process and productive diversity.

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### Teaching Public Health in Disasters using Massive Open Online Course and Building the Global Humanitarian Response Community

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**Study/Objective:** To reveal the spatial and temporal pattern of student enrollment in the Public Health Principles in Disaster and Medical Humanitarian Response (PHPID), Massive Open Online Course (MOOC), and to examine the degree to which socio-demographic variables can predict the course achievement.

**Background:** The first cohort of the PHPID online course was launched by Collaborating Centre for Oxford University and CUHK for Disaster and Medical Humanitarian Response in June 2014. This online course aims to enable students to gain insight and theoretical understanding of the public health issues related to disaster and medical humanitarian relief in the Asia Pacific region, through making lessons learned from previous disasters.

**Methods:** This study collected registration data from the four completed cohorts during June 2014 to May 2016. The registration data consists of participants' socio-demographic factors, residential location, related experience in disaster response, reason of taking, and the channel of 'first hear' the course. Descriptive and multiple logistic regressions were conducted via SPSS.

**Results:** In total, 3,457 participants, from 150+ different countries, registered in the PHPID Model platform; 711 completed and obtained certificates, and 510 left contact information for further collaboration. The most 10 frequently reported countries of origin were consistent with natural disaster hotspots. The first month of each cohort was a peak period of new registrations. Generally, men were 27% more intent to complete the course (OR = 1.268, 95%CI: 1.068-1.505). Moreover, the participants, who have achieved the

qualification of public health and medicine, were 21% more inclined to obtain certificates than others.

**Conclusion:** MOOC can provide a tool to enable worldwide students' collaborative learning, improve individual's knowledge in public health and disasters, and build up a global humanitarian response community. More research is required in teaching global students public health through online platform.

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### Disaster Governance through Opening Up Public Data: Trends and Perspectives

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**Study/Objective:** This study is aimed to map and review existing uses of open public data for disaster preparedness and management, from both a top-down (international organizations, public authorities) and bottom-up (formal and informal civil society entities) end, and to provide specific recommendations for developing and delivering effective a disaster response mechanisms.

**Background:** Sharing data and creating open systems promotes transparency, accountability, and ensures a wide-range of actors are able to participate in the challenge of building resilience aiming to reduce the impact of disasters. Empowering decision makers with better information and the tools to support their decisions is considered to be essential for better planning, preparedness, and response activities. Open data are therefore recognized as key enablers towards this direction.

**Methods:** A comprehensive review of the peer-reviewed and grey literature, as well as internet research and mapping of existing open public data sets and their use by country and by data provider (international organization, public authority)

**Results:** A comprehensive search was performed to identify the specific challenges that the open data movement are facing in the disaster risk management context, as well as existing experience from early attempts at building open data initiatives around both natural and manmade disasters. As crucial parts of disaster management are the acquisition, assessment, processing, and distribution of information, opening up public data can become a powerful enabler in enhancing preparedness and raising awareness for both natural and manmade disasters. They are beginning to play an important role in boosting disaster management capabilities for cities and towns, engaging residents and civil society representatives in facing disaster management efforts challenges; or for their effective use that policy makers and the public must have access to the right data and information to inform good decisions. Too often, this data and information are fragmented across government ministries, and in the private sector, is unavailable to decision makers and at-risk populations.

**Conclusion:** Strengthening public and civic resilience to disasters can be found by using open public data, an ally enabling all community members to contribute their unique

skills and perspectives; promoting transparency, accountability, and ensuring that a wide-range of actors are able to participate in the challenge of disaster preparedness, management, and recovery while building resilience.

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### International Emergency Medical Teams, A Working Group on Training

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**Study/Objective:** To establish a "core curriculum" for the Emergency Medical Teams (EMTs) internationally, by conducting a systematic mapping study of all training programs currently targeting EMTs internationally.

**Background:** Standardized education and training are essential components to improve global emergency response, by providing mechanisms to ensure the coordination, quality and accountability of deployable national and international EMTs. The purpose of this Working Group is to guide the development of global EMT training standards, and to foster a collaborative approach to the production and procurement of tools and frameworks for effective and operational EMT training. The working group will need to provide technical advice based on their own expertise, follow an evidenced-based approach, and coordinate inputs from EMT stakeholders to help generate consensus and deliver implementable outputs for training. The WADEM EMT Training Working Group will also assist with the process of setting a standardized curriculum for all EMTs.

**Methods:** Using a systematic approach, organizations, academic institutions, professional bodies and EMTs involved in training and deployment will be approached. Members from each will be requested to complete a standardized questionnaire on training competencies and curriculum, and to provide information on the trainings offered or used. Data will be organized and analyzed as to common content or competency themes and presented at WADEM.

**Results:** of the mapping study will be reviewed to identify current and potential elements of a core curriculum for EMTs. **Conclusion:** The findings will be presented at WADEM and the ensuing discussion incorporated into the final conclusions.

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