

Background: Wildfires occur where all elements of the fire triangle exist, these are an ignition source, combustible material and oxygen. During December 2010 Israel's Carmel forest experienced an extensive forest fire with 17,000 people evacuated from their homes and 44 dead, the fire did not extend out of the region where it started. During November 2016, the weather conditions were hot and dry and fires occurred in multiple regions in Israel, some not close to each other. The police investigations are yet to have final conclusions but preliminary reports show that 40/90 fires are due to arson.

Methods: Magen David Adom (MDA), the Israeli national EMS organization compared the difference between arson terror and wildfires from EMS perspective.

Results: Fires occurred in different regions of Israel, more than 1,500 apartments were consumed and 75,000 people evacuated. Two nursing homes were evacuated with more than 80 patients transported, including an ICU ward with 22 mechanically ventilated patients. More than 125 casualties were evacuated with smoke inhalation injuries. MDA resources utilized include 845 ambulances, 61 medicycles, 99 mobile intensive care units (MICUs), 2 mass casualty incident (MCI) vehicles, an advanced command & control vehicle and emergency backup ambulances.

Conclusion: Arson terror is characterized by multiple fires in different regions. The Magen David Adom response to extensive incidents is based on shift, on-call response and recruiting personnel and vehicles from nearby regions. Mobilization of EMS resources is complicated because of fires blocking roads, the need to simultaneously respond in multiple regions while holding preparedness in others because of the uncertainty factor about the locations of next arsons. Also, although they had been called, not all personnel can report to duty because their homes or families are affected.

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Simulating Multi Casualty Incidents to Improve Preparedness of Potential Incident Commanders for Real Events

Avi Parush¹, Eli Jaffe², Tal Solomon¹, Roman Sonkin²

1. Industrial Engineering And Management, Israel Institute of Technology, Haifa/Israel
2. Community Outreach, Magen David Adom in Israel, Tel Aviv Jaffo/Israel

Study/Objective: To study the influence of Mass Casualty Incident (MCI) simulator on the confidence and decision-making of potential incident commanders.

Background: Israel has been dealing with multi casualty incidents since before it was founded. Magen David Adom (MDA) as the Israeli national EMS organization, has gained extensive MCI experience. MDA personnel are trained in the concepts and algorithms of MCIs and incident commander training is mandatory for EMT's and Paramedics. A simulator was developed with cooperation of "Technicon" institute to simulate the high load on the thought processes while making decisions. The participant is briefed at the beginning of the scenario, then he must follow the initial MCI algorithm and start making decisions to distribute forces, triage and patient treatment.

The simulator does not allow delegation of medical, parking and transportation responsibilities to deputy commanders.

Methods: The simulator was played by MDA personnel in a classroom mode. Participants were given 10 minutes per scenario, each participant played 3-5 scenarios after which, the participants had to fill out a survey about the scenario, and a concluding survey after the completion. The logs were retrieved and compared to the surveys to analyze change in confidence level as incident commander, action times and durations, prioritization skills and overall survival of casualties.

Results: With the completion of each scenario the participants reported a rise in their confidence level as incident commander, shorter response times for requests for additional resources, and shorter times for initial triage and patient treatment, and transportation to the hospitals.

Conclusion: The simulator engages participants to make quick and appropriate decisions while in state of stress. The main goal is to save as many lives as possible by conducting good initial triage and lifesaving treatment, transporting as many patients as possible - as quickly as possible and with the most appropriate medical personnel. The simulator was found to increase confidence, decision making and prioritizing among incident commanders.

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Developing an Educational Intervention to Train Prehospital Responders in High Consequence Emerging Infectious Diseases

J Lee Jenkins, Richard Bissell

Emergency Health Services, Univ of Maryland Baltimore County, Baltimore/MD/United States of America

Study/Objective: The goal of this session is to provide participants with an overview of efforts currently underway, to develop an interactive online curriculum to provide an awareness level, as well as, just-in-time training for issues surrounding response to high consequence emerging infectious diseases.

Background: From the global threat of Ebola Viral Disease, to outbreaks of novel influenza, through localized outbreaks of multidrug resistant tuberculosis, the prehospital disaster and emergency medical community must continue to maintain a constant awareness of operational and clinical concerns associated with high consequence emerging infectious diseases. Such vigilance starts with syndromic recognition, and quickly transcends to include operational issues, clinical interventions, public health integration.

Methods: The University of Maryland, Baltimore County (Maryland, USA), Department of Emergency Health Services has partnered with the Maryland State Department of Health and the Centers for Disease Control and Prevention (USA), to develop an online educational curriculum. The curriculum is hybrid in design and includes awareness level training, as well as, just in time "medical minutes" for providers to review in near, real time. Once deployed, the content will be accessible via computer, tablet and smartphones. The curriculum is validated by subject matter experts and field providers for content and usability.