

identify vulnerable patient groups and risk factors for wound infection.

Prehosp Disaster Med 2017;32(Suppl. 1):s11–s12

doi:10.1017/S1049023X17000553

Military and Civilian Collaboration within Medical First Responders - the Israeli Experience

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Study/Objective: The two major medical first responding organizations in Israel are the Medical Corps, Israel Defence Forces (IDF) Home Front Command (HFC), and the National Israeli EMS provider, Magen David Adom (MDA). We will describe some of the main, unique, and specific areas of cooperation between MDA and the IDF.

Background: The Magen David Adom (MDA) Law, an Israeli Parliament Law from 1950, defines MDA as an operative assistance organization to the IDF Home Front Command (HFC) in case of emergencies and during war time. Cooperation, by law, in preparedness, training, and emergency cases has led to collaboration in day-to-day activity and routine emergencies.

Methods: 1. Human Resources - support between IDF and MDA medical teams in various medical events. IDF funding of MDA volunteer course. MDA operates the National Blood Bank, the IDF as the main blood donor. Military blood services unit to assist MDA. IDF recruits the MDA medical personnel. IDF supplies medical personnel to MDA ambulances. Cooperation of medical teams in humanitarian missions. 2. Training - combined training and exercises between IDF and MDA. Interagency cooperation in training (IDF, MDA, MOH, hospitals), mass toxicological events, CBRN drills. Military paramedic course conducted by MDA experts. MDA management goes through senior IDF courses. 3. Command control and coordination - independent organizations are routine, there is information replaced in any event. MDA works under IDF HFC coordination during emergency events. 4. Doctrine and regulation sharing and supervising. 5. Equipment - both logistic departments work together. Mutual influence leading to advanced, up-to-date medical equipment. 6. Scene response - organizations, medical teams can be activated by both. Coordination between IDF Air Force and MDA and IDF HFC.

Results: There is a better medical response for civilian and military personnel with collaboration and creating synergism

Conclusion: The major keys for success will be described.

Prehosp Disaster Med 2017;32(Suppl. 1):s12

doi:10.1017/S1049023X17000565

Military and Civilian Experience in Providing Medical Care to Pediatric Patients in Disasters and Mass Casualty Incidents - What Can We Learn from Each Other?

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Study/Objective: The main purpose of this work is to find common areas of combat medicine and civilian medical rescue in mass casualty incidents and disasters where children are the victims. The results of this study provide the basis for the creation of common solutions that will improve the chance for survival of children in disasters and mass casualty incidents.

Background: Mass casualty incidents and disasters involving children are difficult situations for medical emergency responders. Rescuing of patients and providing medical emergency care in these types of events is similar to combat medicine. Exchange of experiences, dilemmas and issues in military medical services is the way to improve operation during mass casualty incidents and disasters that involve pediatric patients.

Methods: In this research we invited Polish soldiers who are paramedics, and when they were on a military mission, they provided emergency medical care to pediatric victims. A second research group are former civilian medical rescuers, who have provided medical care to pediatric patients of disasters or mass events. Participants were asked questions about difficulties, dilemmas, ways of providing medical care for children, evacuation and transport of pediatric patients from the scene to the hospital.

Results: Dilemmas and difficulties in providing medical emergency care to pediatric victims in mass casualty incidents and disasters, are similar to those in combat medicine when the military paramedics save children's lives. The common areas include ethical dilemmas, regarding providing emergency medical care, opportunities and access to resources, rescuers, medical equipment and pediatric patient transport. The biggest challenge in both groups were stress and emotional reactions of children and rescuers.

Conclusion: All common areas should be well developed, discussed and have joint trainings. This cooperation could give an opportunity to develop the best solutions to save children in mass casualty incidents and disasters.

Prehosp Disaster Med 2017;32(Suppl. 1):s12

doi:10.1017/S1049023X17000577

Development of New Triage and Scene Management Techniques to Provide a More Effective Response to Active Shooter Situations

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Study/Objective: This paper will discuss the needs for response in an active shooter incident, including the use of a cold, warm, and hot zones by all responding agencies. Additionally, building upon techniques learned while training in Israel, numerous tactical medical operations, and responding to incidents abroad, a new triage technique will be proposed that evaluates a casualty based only on their ability to follow commands and assessment of a radial pulse. The new method also eliminates the yellow category and labels patients only as