

training in emergency care is an important factor. We designed AIIMS basic emergency care course (AIIMS BECC) to address the issue.

**Objective:** To improve the knowledge, skill and attitude of healthcare workers and laypersons in basic emergency care and to identify and train instructors.

**Methods:** Prospective study conducted over a period of one and half years. The target groups were medical, police, fire fighter, paramilitary forces, teachers, school children of India. Provider AIIMS BECC is of one day duration. The contents of the course are cardio-pulmonary resuscitation, choking and special scenarios like trauma, electrocution, drowning, hypothermia, pregnancy, etc. Course was disseminated via lectures, audio-visual and hands on training. The participants were evaluated by pre and post test questions. Subjects had to score 80% to be successful and those who scored more than 90% were eligible for instructor course. The confidence levels at baseline and at the end of the course were evaluated in police courses were evaluated on course clarity, course delivery and trainers quality on a likert scale (1 = worst, 5 = excellent).

**Results:** 1614 subjects were trained. 99.81% became providers and 2.6% were trained as instructors. 83.1% were non-medical and 16.9% were medical persons. 76.14% were police, paramilitary 0.8%, teachers 1.6%, students 2.1% and mixed groups were 2.6%. The average and modal increase in confidence level among police were 66.14% and 62.49%. Likert scale of  $\geq 4$  was observed in 90.7% in course clarity, 91.28% in course delivery and 95.26% in trainer quality.

**Conclusion:** Knowledge, skill and attitude of healthcare care and laypersons in providing basic emergency care improved by community emergency care initiative. Instructors were identified for further dissemination of the course. The confidence levels increased among police.

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### (A27) Traumatic Wound Management by Bystanders – Myths

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**Objective:** To receive trauma victims from site of incidence to the emergency department without mauling with adjuvant by first aid managers.

**Material:** Poor dressing techniques practiced for first aid in industrial, domestic, traffic, calamity, etc. inflicted wounds. Dressing with copious amounts of cotton on traumatized parts that are open or exposed. Wrong wrapping, storage, transport of amputated parts for attempt of salvage / reimplantation.

**Methods:** Assessment of increased rate in sepsis and rise in rate of risk of complications or loss of traumatized body part or even life in cases of trauma in which primary / incident manager with poor awareness / skills, shortage of first aid material.

**Discussion:** Need of training of general public on skills of first aid. Maintaining First Aid Kits for Emergencies as per stipulation and need based.

**Observation:** Improved results in management of trauma that were properly attended to from time of incidence to casualty.

**Results:** Improved ratio of post traumatic sequel like sepsis,

delayed amputations, revisions, graft rejections, co morbidities, expenditure, etc.

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### (A28) A Matter of Degree: Teaching “Disaster” and “Emergencies” to Public Safety Executives

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What is the difference between a “disaster” and an “emergency”? One can safely say that for the victim of an event, it is always a disaster. But what about the first responders who are tasked with returning conditions to normal as quickly as possible? What about the executives who must direct the first responders, as well as coordinate resources? The difference is a “matter of degree” because it depends on the amount of resources that are required to respond to the incident. For example, an overturned gasoline tanker truck may only be an emergency for a major metropolitan area, but a disaster in a more rural region. American public safety is a mirror image of the government system of federalism that developed during the founding of the United States. Public safety entities are attached to the various local, state, and federal government agencies. There are almost 18,000 local law enforcement agencies across the US. Only 47 agencies have more than 1,000 sworn officers, while almost 90 percent have less than 50. There are more than 30,000 fire departments, yet only about one-quarter of all firefighters are full-time professionals. The rest are volunteers. The author, a 30-year law enforcement veteran, has developed a college-level course for public safety executives to help them understand the “matter of degree.” The intent of the course is to challenge executives to conduct a careful self-examination of their own public safety agencies to determine what they are capable of doing in an event. An executive only gets one chance to do it right, so being able to distinguish between a disaster and an emergency response will be critical to success. When the event occurs, a public safety executive will be better prepared to make key decisions.

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### (A29) Effect of Institutional Education and Exercise Programs on Knowledge, Views, and Compliance during Unusual Biological Events

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**Background:** Unusual biological events (UBEs) pose a distinct challenge for emergency preparedness. Not only are these events rare and difficult to detect, but they also pose clear hazards for both medical personnel and their families. Distinct skills include identifying UBEs and activating institutional and national response. Staff attendance and confidence in the health system play a vital role in effective management of UBEs. The Israeli Ministry of health conducts yearly drills on the personal, institutional, and national response to UBEs.