

individual's outcomes. This score can be easily calculated at the point of care using routinely corrected data. It is fast and simple to use; it will not require additional clinical assessment. Further work is needed to determine the weight of each domain and sub-domain, as this will be needed to define the sensitivity of the final aggregate score.

ETHICS

This research is limited to secondary use of information previously collected in the course of normal care. The patients or service users were not identifiable to the research team carrying out the research.

DISCLAIMER

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FACTORS INFLUENCING THE
WILLINGNESS OF PARAMEDICS
TO PERFORM SUPRAGLOTIC
AIRWAY DEVICE (SAD)
INSERTION IN PRE HOSPITAL
CARE (PHC)

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BACKGROUND

The use of Supraglottic Airway Device (SAD) by Prehospital Care (PHC) paramedics is on the rise globally by paramedics, and evidence suggests that they are suitable alternatives to

conventional endotracheal intubation, or during a difficult airway situation in PHC. However, the use of SAD in PHC by paramedics in Malaysia is very limited, and therefore a study was conducted to elucidate potential factors influencing paramedic willingness based on the Theory of Work Performance.

METHODS

This is a cross sectional study using a self-administered, validated questionnaires. The study population consists of 143 paramedics working at pre hospital care from 4 government-funded public hospitals. Universal sampling procedure was employed and the response rate was 90.5 %. The questionnaire consists of demographic information such as years of working experience and academic qualification, willingness and confidence in performing SAD insertion and availability of administrative policies.

RESULTS

The study showed 88% (n=127) were willing to use SAD in PHC with a statistical significant association between confidence and willingness (p<0.05). There was also a significant association between willingness to perform a SAD and having a Post Basic in Emergency Medicine in addition to Diploma, as compared to only having Diploma in Medical Assistance (p<0.05). Approximately 80% (n=114) of paramedics perceived that there are no clear policies available with regards to the use of SAD in PHC. A significant number 72.5% of paramedics had also shown a degree of concern over medical liability during work.

CONCLUSION

This study suggests that there are possible weaknesses in the current policies practiced in PHC services in regards to the use of SAD in Malaysia. Focus should be centred to further improve the policy environment that would promote this practice based on best practices at international levels.

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