

Results: There were 65 respondents from 20 countries participating in the survey. Most of the respondents worked in academic institutions (60%), followed by government employees (19%), and non-governmental organizations (7%). These organizations have roles throughout the disaster cycle with 95% in the preparedness phase. For management skills, EDRM managers should be competent in planning, organizing, applying management processes, establishing effective communication systems and providing effective leadership. For technical competencies, emergency communications, hazard specific knowledge, communicable diseases were essential for frontline workers. In terms of designing the competency matrix, WHO resources were frequently used for the competencies and the curriculum design.

Conclusion: Health EDRM managers are expected to master a large number of managerial and technical skills, including the increasingly recognized leadership and decision-making skills for effective planning and implementation. These competencies need to be established for the development of a Health EDRM workforce.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s143–s144

doi:10.1017/S1049023X2300376X

Trauma Skill Stations to Improve ED Staff Confidence and Engagement

Amanda Sery BSN

Advocate Illinois Masonic Medical Center, Chicago, USA

Introduction: Particular skills are critical when participating in trauma response. Engagement and practice with these skills can help build staff confidence, however, ensuring competency across all staff can prove challenging. Establishing a training utilizing skill stations can positively affect staff experience and confidence measures on predetermined dates to capture all team members is a way to ensure confidence in skills vital for patient care in ED settings. Execution of the “skill station” exercises at measured intervals demonstrated improved confidence in trauma skills by ED staff. Exercises with specific skill-oriented practicum offer low-cost, dynamic training opportunities. Improving confidence and competence in critical trauma-related clinical skills directly improves patient outcomes.

Method: Six trauma skill stations were created, aimed at specific skill-based practices. These measured skill competencies include arterial line setup, rapid blood infuser use, defibrillator use, chest tube management, pelvic binder application, and tourniquet application. Competency was reached when participants could effectively perform the skills through teach-back technique.

Results: Qualitative feedback demonstrated that nurses felt more confident responding to a patient needing trauma interventions in an ED setting. Nursing staff were more engaged with trauma skills in their scope. All participants were able to appropriately and adequately teach-back the skill with 100% accuracy. Improved knowledge retention will be measured in future training sessions.

Pre and post-tests could be utilized to demonstrate more dynamic results. This measurement tool will be utilized in the formal training process moving forward to capture baseline and improvement data more objectively.

Conclusion: This low-cost and highly efficient method of strengthening novice nurses’ trauma skills competency and confidence can be utilized across various skills and departments. More confident nurses show improved readiness to respond to a patient in need of trauma interventions.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s144

doi:10.1017/S1049023X23003771

Global Burden of SARS-CoV-2 on Health Care Workers’ Mortality and Morbidity

Diana Wong PhD, MCP(Nursing), GradDipEmergHealth, DipAppSc(Nursing), CEN, RN, RM¹, Michele Rumsey AM, PhD, FANC, RN¹, David Heslop FAFOEM, FRACGP, AFRACMA, MBBS, PhD, MPH, BSc (Adv) Hons 1²

1. UTS WHO Collaborating Centre for Nursing, Midwifery and Health Development, Sydney, Australia
2. University of New South Wales, Sydney, Australia

Introduction: Unfortunately, before SARS-CoV-2, a global workforce crisis in health care had already been flagged internationally and is only expected to grow. Health care workers are the critical driving force underpinning all health systems. A skilled workforce takes years to develop, and staff shortages have enduring negative impacts on patients, patient safety, and the ability to deliver Universal Health Coverage.

Method: A scoping literature review on health care worker mortality and morbidity resulting from SARS-CoV-2 was undertaken and included reviewing the peer-reviewed and grey literature.

Results: Four opportunities for improving the protection of health care workers during a pandemic were identified:

- 1) Strengthening data collection and reporting standards of health care worker mortality and morbidity due to SARS-CoV-2
- 2) Improving the protection of health care workers
- 3) Accelerating the vaccination of health care workers against SARS-CoV-2, and
- 4) Addressing gender inequities in health care

These four approaches provide opportunities for improvement and are only preliminary steps in addressing the ‘perfect storm’ that the shortage of global health care workers and the ongoing SARS-CoV-2 pandemic have created.

Conclusion: The global community has a unique opportunity to protect health care workers and improve pandemic preparedness and response. The health and socioeconomic impact of SARS-CoV-2 has been unprecedented, and health care workers have borne the brunt of this pandemic. We owe our health care workers more. Without a well-trained and adequately resourced health care workforce that is prepared to face the next pandemic, we as a global community will not be able to deliver global health care or global security at the level that is required.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s144

doi:10.1017/S1049023X23003783