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Introduction: Standardization of data collection and reporting within EMT's is challenging. In past deployments, the Red Cross Red Crescent Type one and two facilities (Emergency Response Units- ERU's) have collected data by hand using paper-based form and Excel spreadsheets. This process can be laborious, time consuming and often inaccurate.

Method: RCHIS is both an electronic medical record (EMR) and health information system (HIS). RCHIS has been designed to produce pre-made reports including the MDS in seconds extracting data from the patient records. Through significant testing and pilot deployments in a domestic type one fixed clinic, the rapid production of reports such as the MDS has increased compliance and accuracy with reporting.

Results: The utilization of an EMR and integrated HIS system for increasing compliance and accuracy with the MDS has been hugely successful. An in-depth analysis of the export data was done to confirm the 100% accuracy within the MDS report.

Furthermore, feedback from users and managers within the ERU's expressed the excitement for the ease of reporting not only to the EMTCC, but also to IFRC and back-donors. Moving forwards, this data collection will also be used to collect essential data to audit and improve the quality of care provided within the RCRC ERU's.

Conclusion: In conclusion, the utilization of RCHIS within a domestic ERU (equivalent to an EMT type one or two) has been hugely successful. The next steps will involve the deployment of RCHIS within an international deployment.

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Lessons Learned from an OB / Newborn / Neonatal Intensive Care Full-Scale Exercise

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Introduction: Children are frequently victims of disasters. However, gaps remain in disaster planning for pediatric patients. The New York City Pediatric Disaster Coalition (NYCPDC) is funded by the NYC Department of Health and Mental Hygiene (DOHMH) to prepare NYC for mass casualty incidents that involve large numbers of children.

On April 26, 2018, the NYC PDC conducted a first in NY, full-scale exercise with the NYC Fire Department (FDNY) testing evacuation, patient tracking, communications, and emergency response of the Obstetrics, Newborn and Neonatal units at a NYC based hospital. The goal of the exercise was to evaluate current Ob/Newborn/Neonatal plans and assess the hospital's ability to evacuate patients.

Method: The exercise planning process included a review of existing OB / Newborn / Neonatal plans, four group planning meetings, as well as, targeted specific area meetings and plan revisions. The exercise incorporated scenario-driven,

operations-based activities, which challenged participants to employ the facility's existing evacuation plans during an emergency.

Results: The Exercise assessed the following: Communication, Emergency Operation Plans, Evacuation, Patient Tracking, Supplies and Staffing. Internal and external evaluators rated exercise performance on a scale from 1-4. Evaluators completed an exercise evaluation guide based on the Master Scenario Event List.

An After Action Report was written based on the information from the exercise evaluation guides, participant feedback forms, hot-wash session, and after action review meeting. Strengths included the meaningful improvement of plans before the exercise (including the fire department) and the overall meeting of exercise objectives.

Conclusion: Lessons learned included: addressing gaps in effective internal and external communications, adequate supplies of space, staff, equipment needed for vertical evacuations; providing staging and alternate care sites with sufficient patient care and electrical-power resources. The lessons learned are being utilized to improve existing hospital plans to prepare for future full-scale exercise and or real-time events.

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Le Grand Départ 2019 - health care management during a major planned event in the heart of Brussels (Belgium)

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Introduction: Mass gathering events (MGE), can attract sufficient attendees to strain the planning and response resources of the host community, state, or nation, thereby delaying the response to emergencies. The organization of such a MGE can be even more problematic when the event continues across much of downtown (including hospitals) and makes some parts of the city inaccessible. The aim of this study was describing the health care management of the Grand Départ of the Tour de France, July 6-7th, 2019. On both days, the stages drew crowds of 300,000 attendees, adding a quarter of the regular number of inhabitants of Brussels (1,2 million) and closing parts of downtown Brussels.

Method: Data were retrospectively collected from the in-event health services (coordinated by the University Hospital Brussels). Data regarding medical interventions, as well as data generated by the advanced medical posts (AMP) were recorded and handed to us after anonymization. For analysis, patients were divided into two groups: those seen by first-aid responders and paramedics (triage code green) and those seen and treated by health professionals (emergency nurses and physicians) (triage codes yellow or red).

Results: During the event, three AMPs were established along the route of the stage as were six ambulances, three mobile medical crews (one emergency nurse and one physician), and seven mobile first aid teams. Over the two days, 84 patients were seen; 80 green codes (95,2%), 3 yellow (3,6%), and one red