Poster Presentations

Introduction: This report describes the response, action plan, and after-action changes adopted by the Louisiana State University New Orleans (LSU-NO)–Emergency Medicine (EM) Residency Program in response to Hurricane Ida, which occurred in New Orleans, Louisiana in late August through early September 2021. Summarized are the redistribution of emergency department (ED) residents within the primary clinical site, University Medical Center New Orleans (UMCNO); the daily communication flow from chief residents and program leadership; and discussions pertaining to procedural revisions instituted following investigation of pre- and post-hurricane operations.

Method: Small-group debrief sessions and after-action reports were conducted post-storm to discuss perceived deficiencies from a resident stand-point. Debriefing occurred between chief residents and individual classes through standardized residency forums. Additionally, an after-action committee, comprised of senior residents, academic faculty, and ancillary personnel, convened a separate counsel with hospital administration-level leadership to analyze retrospective limitations that occurred both during, and immediately following, Code Grey activation.

Results: Following data collection and analysis from the various feedback channels, several changes were made to the residency's Code Grey activation plan going into the 2022-2023 academic residency year. The information obtained was used to develop a more formalized Code Grey process, and to create more robust orientation and education materials for residents.

Conclusion: Throughout the events of Hurricane Ida, the LSU-NO Emergency Medicine Department at University Medical Center New Orleans managed a substantial intensification in daily emergency medical activity, while contending with a near-immediate reduction in available resources. Consequently, our program has formalized a more durable residency response to future disasters, including real-time, evolving evacuation correspondence and modernized protocols for rapid re-distribution of resident-power. These procedures are now distributed and practiced throughout each residency year and reinforced on an ad hoc basis in advance of any major weather-related events predicted to impact the greater New Orleans metropolitan area.

Survey Evaluation of Nursing Emergency Preparedness Training

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Introduction: An effective response to CBRNE requires that frontline staff, such as nurses, are adequately trained in Emergency Preparedness (EP). Understanding the current gaps in nursing knowledge of CBRNE is the first step in creating an effective training program. This study assessed EP training gaps and needs among nursing staff.

Method: A web-based survey was distributed to all hospital nursing staff. The survey evaluated the CBRNE training that nurses received. Staff listed the types of training they had received and were asked to rate their confidence in performing various disaster-related competencies or capabilities. Competency confidence levels were also surveyed as those who feel; not at all confident or not very confident.

Results: The survey assessed previous EP training. 572/763 Nursing Staff had completed the survey, for a response rate of 75%. Of the nurses who responded, areas in which they have been trained included: preparedness for radiological and nuclear agents (17.66% trained), preparedness for biological agents (22.20% trained), preparedness for chemical agents (27.45% trained), hazardous materials and patient decontamination (25% trained), and their own role within the hospital's ICS (31.29% trained), Patient evacuation (63.61% trained) and the hospital's EP plan (54.55% trained). The survey also assessed respondents' confidence in performing EP activities. The respondents reported lacking confidence in treating patients exposed to a radioactive material (59.9%), treating patients exposed to a biological agent (57.17%), and performing decontamination procedures (54.71%). The respondents reported having confidence in evacuating patients from units, departments, or hospitals (69.1%). The top incentives for participating in "nonrequired" training were no costs to complete the training (83.1%) and receiving continuing education credits (79.2%).

Conclusion: A majority of nurses reported inadequate training in CBRNE events with a self-reported lack of confidence in responding to these events. A targeted and educational CBRNE curriculum and materials to enhance EP among nursing professionals are clearly indicated.

NO-FEAR Project - What Have we Learned

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Introduction: As the COVID-19 pandemic started, the NO-FEAR project shifted to real-time experience sharing to improve response to an unknown new threat. The lessons observed during more than 20 webinars were collected and analyzed at the end of 2019 to identify those relevant for future preparedness and response to another outbreak or new threats.

Method: A questionnaire using a 0-4 Likert scale was distributed to the wider NO-FEAR community, where they were asked to identify the relevance of the item for future preparedness. Later the results were discussed by the consortium and put for feedback in a large meeting in Madrid in March 2022. The 78 observations were clustered into five categories: 1) The human factor (23) 2) Knowledge sharing, cooperation and coordination (11) 3) Equipment and supplies (15) 4) Standard Operating Procedures (SOP) (20) 5) PPE (9).

Results: The Top-rated observations were the following:

•The human factor: 2.3 need for updated, trustful information sharing with personnel (e.g. regarding treatment protocols, PPE, updates, etc.) to allow them a comprehensive understanding of the situation (3.73).