

Introduction: Sri Lanka has been divided into 26 districts. These 26 districts are Colombo, Gampaha, Kalutara, Galle, Matara, Hambanthota, Trincomalee, Batticaloa, Ampara, Jaffna, Mullaitivu, Kilinochchi, Mannar, Vavuniya, Kandy, Matale, Nuwara Eliya, Anuradhapura, Polonnaruwa, Rathnapura, Kegalle, Badulla, Monaragala, Puttalam and Kurunegala. Ten key natural disasters have been identified in Sri Lanka as important to develop response capacity. These natural disasters are coastal erosion, cyclones, droughts, earthquakes, epidemics, floods, forest fires, landslides, lightning and tsunamis. Five battalions of the Sri Lanka Army Medical Corps (SLAMC) have been established in various parts of Sri Lanka. These battalions are named 1 SLAMC, 2(V) SLAMC, 3 SLAMC, 4 SLAMC and 5 SLAMC. The Army Hospital, Army Base Hospitals (ABH), and Medical Reception Stations have been located in various parts of Sri Lanka

Method: Each battalion and hospital have Emergency Medical Teams (EMTs) for response to disasters. An EMT consists of: one medical officer, two nurses, two nursing assistants and one ambulance with a driver. There are two EMTs in each battalion and each ABH. The Army hospital has three EMTs.

Results: 1 SLAMC is responsible for responding to disasters in Colombo, Gampaha, Kalutara, Galle, Matara, Rathnapura, Kegalle, Kurunegala and Puttalam. 2(V) SLAMC is responsible for responding to disasters in Hambanthota, Kandy, Matale, Nuwara Eliya, Badulla and Monaragala. 3 SLAMC will respond to disasters in Anuradhapura, Vavuniya, Mannar and Mullaitivu. 4 SLAMC will respond to disasters in Jaffna and Kilinochchi dis. 5 SLAMC is responsible for disasters arising in Polonnaruwa, Trincomalee, Batticaloa and Ampara. When disasters happen in adjacent districts, hospitals will respond to those disasters.

Conclusion: EMTs will be deployed to the disaster site as soon as possible and do treatments for casualties by staying seven days. The number of EMTs depends on the magnitude of the disaster.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s191–s192

doi:10.1017/S1049023X23004946

The Results of a Foresight Exercise: Future Threats and Trends in Crisis Management

George Voicescu MD, PhD(c)¹, Monica Linty¹, Lian Guey Ler², Stefan Kaufmann Prof.³, Francesco Della Corte Prof.¹

1. Center for Research and Training in Disaster Medicine, Humanitarian Aid, and Global Health, Novara, Italy
2. Université Côte d'Azur, Polytech Lab, Nice, France
3. Institute of Sociology, Albert-Ludwigs-Universität Freiburg, Freiburg, Germany

Introduction: The challenges that the health systems face in the last years increased exponentially. No matter if we are talking about the impact of the COVID-19 pandemic or the Russian military action in Ukraine, the European health ecosystem is facing new problems. In the light of these uncertainties, we assessed which could be the next trends that can impact the healthcare systems, in order to better prepare and adapt to the new contexts.

Method: Using two foresights exercises (FSE), one in 2018 and the second one in 2022, we identified the most important trends in the political, economic, social, technological, security, environmental and medical sectors that could have an impact on health.

Results: 53 people participated in the first FSE and 40 in the second one. The respondents identified cyber security, an increased reliance on digital technologies for communications, CBRNE management of the patients, centrally coordinated attacks, demographic aging, reduced economic resources, violence against emergency medical staff and the increased need and demand for psychosocial support as the most important trends. Moreover, they considered that wars, hybrid threats, the fake news, pandemics and the influence of artificial intelligence could impact the healthcare systems.

Conclusion: Many of the trends identified in 2018 as having a possible impact on the health system proved to be relevant four years later. Therefore, we consider the FSE a relevant tool in foreseeing the main areas that could have an impact on health and its results could guide the preparedness for the future.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s192

doi:10.1017/S1049023X23004958

The Network of Practitioners For Emergency medical Systems and cRitical care project - A Case Study for Innovative Approach of Cooperation Between End-Users, Policy Makers, and Businesses

Luca Leonardi, Monica Linty

Università del Piemonte Orientale - CRIMEDIM, Novara, Italy

Introduction: The Network Of practitioners For Emergency medical systems and cRitical care project (NO-FEAR) was funded through an innovative call from the European Commission contained in the Horizon 2020 2016-2017 work program dedicated to Safe Societies - Protecting the freedom and security of Europe and its citizens.

The call assumed that professionals from many different sectors, including medical emergency teams, had little means and time to monitor innovation and research that could be useful to them. Moreover they have little opportunity to interact with academia or industry on these issues.

The project, funded in 2018 under a Coordination and Support Action Call, brings together practitioners, academia, policymakers and the industry involved in the response to medical emergencies, crises and health threats.

Since the very beginning, NO-FEAR has mobilized the vast network created during the project, to share real-time knowledge, experiences, lessons observed and challenges.

Method: Qualitative methodology

Results: This article intends to present the stages of the project during its journey where the creation of a network of practitioners dedicated to medical emergency services according to the three pillars methodology set in the project and which took place during the Covid 19 pandemic constituted a space to test innovative approaches in the relationship between end user and industry, in the identification of gaps and needs in the field and in responding to them, often going beyond the mandate of the