

trends were analyzed covering all phases of the national response. Information was extracted from the electronic health record system iPMS.

**Results:** Overall attendances decreased by 11.5% {42,637 (2019) to 37,751 (2020)}, well below expected annual growth projections from 2019 to 2020. A significant reduction in pediatric attendance ( $\leq 16$  years) occurred, with 31.68% negative growth (10,351 to 7,071) in 2020 and sustained decrease of 15.3% (8,767 attendances) in 2021. In contrast, geriatric ( $\geq 65$  years) attendances were unchanged in 2020 (17,751), with a surge of 8.9% to 19,333 attendances in 2021, the largest year-on-year growth since 2018. Comparisons of month-to-month trends in relation to public health measures correlated to a marked decline in attendances at the extremes of age during “lockdown” periods.

**Conclusion:** The reduction in attendances is likely multifactorial, such as a reduction in school-related stress and patients deciding to stay home for fear of attending during the pandemic with non-emergent conditions. The increase in geriatric presentations in 2021 may reflect continuing restricted access to primary care and GP services, or neglect of prior conditions. Examining changing demographic attendances may offer opportunities to develop alternative ways of supporting frail populations and families in community care avoiding ED presentations.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s188–s189

doi:10.1017/S1049023X23004867

### Japan Disaster Medical Assistance Team Boot Camp for the Trainer in KOBE : Corona Era Experience of Hyogo Emergency Medical Center

*Tetsunori Kawase MD, Shinichi Nakayama MD, PhD, Satoshi Ishihara MD, PhD, Soichiro Kai MD*  
Hyogo Emergency Medical Center, Kobe, Japan

**Introduction:** Japan Disaster Medical Assistance Team (JDMAT) consists of four personnel. They are selected in 47 local governments in Japan, and after the completion of a four day boot camp, they are registered in the list of JDMAT. Hyogo Emergency Medical Center (HEMC) has been playing an important role as one of the oldest boot camps with Disaster Medical Center in Tachikawa. The boot camp's significance is obvious, but the JDMAT system requires a trainer for the course. Many courses were discontinued and affected by the COVID-19 Pandemic.

**Method:** Retrospective, single institute data, observed in the number of participants for instruction. The periods are from March 2019 to September 2022. Instructing members of this boot camp consist of three categories of Drs, Nurses, and logisticians.

**Results:** In FY2019, from April to March during the pre-pandemic year, a boot camp was held nine times. During those days, the total number of instructors, including potential ones, was 659 persons, and fortunately 75 people participated for the very first time. However, during the Corona era, in FY2020, the boot camp was held only four times. The total number of instructors was 161 persons, and 14 people participated for

the first time. In FY2021, the boot camp was held only three times. The total number of instructors was 141 persons, and 11 people participated for the first time. In FY2022, after two quarters passed, the boot camp was held five times according to the schedule. The total number of instructors was 256 persons, and 18 people participated for the very first time.

**Conclusion:** Officers were not trained for future disaster response for two years because of the pandemic.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s189

doi:10.1017/S1049023X23004879

### Using the Experience of Natural Disasters to Prevent Health Hazards in Shelters

*Shunji Kasaoka MD, Hisaki Naito DH*  
Disaster Medical Education and Research Center, Kumamoto University Hospital, Kumamoto, Japan

**Introduction:** The number of deaths from natural disasters that have occurred in Japan since 1989 is in the order of (1) the Great East Japan Earthquake, (2) the Great Hanshin-Awaji Earthquake, and (3) the Kumamoto Earthquake, but the ratio of related deaths to the total number of deaths was highest for the Kumamoto earthquake.

**Method:** In the case of the Kumamoto earthquake, an inland earthquake of the same scale as the Great Hanshin-Awaji Earthquake, direct deaths due to the earthquake were suppressed, but related deaths are thought to have increased due to the effects of evacuation life and other factors. According to a report by Kumamoto Prefecture, the majority of direct deaths from the Kumamoto earthquake were caused by trauma such as excessive pressure or asphyxiation. As for related deaths, most of the victims were aged 60 years or older, more than 80% of them had pre-existing medical conditions, and respiratory and circulatory system diseases were the most common causes of death.

**Results:** A survey of victims transported by ambulance from evacuation centers to medical institutions after the Kumamoto earthquake showed that a large number of victims were transported in the acute phase after the disaster. The reasons for transport are diverse injuries and illnesses, including trauma from falls, dyspnea, impaired consciousness, and fever, suggesting that stress from the earthquake and problems in the living environment of the evacuation centers had an impact on the deterioration of health conditions.

**Conclusion:** It is important to identify issues and consider countermeasures based on past experiences in order to prevent health hazards in evacuation centers.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s189

doi:10.1017/S1049023X23004880

### Hurricane Ida Emergency Medicine Resident Disaster Response

*Kyle Herbert MD<sup>1</sup>, Ronald Fenton MD<sup>1,2</sup>, Ben Flitter MD<sup>1</sup>, Raymond Kessler MD<sup>1</sup>, Meghan Maslanka MD<sup>1</sup>*

1. LSUHSC-New Orleans Department of Emergency Medicine, New Orleans, USA
2. United States Navy, Sigonella, Italy

**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.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s189–s190  
doi:10.1017/S1049023X23004892

### Survey Evaluation of Nursing Emergency Preparedness Training

Patricia Roblin MS, Jennifer Guzman BA, Bonnie Arquilla DO, Pia Daniel MD, MPH

SUNY Downstate Health Sciences University, University Hospital Downstate, Brooklyn, USA

**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.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s190  
doi:10.1017/S1049023X23004909

### NO-FEAR Project - What Have we Learned

Chaim Rafalowski, Itamar Laist

Magen David Adom israel, Or yehuda, Israel

**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).