Introduction: Hospital preparedness for a massive influx of victims relies, to a certain extent, on actions, programs, and systems that are created and executed ahead of time, but also on the knowledge, skills, and professional competences of the hospital's staff. This study aims to understand the factors influencing the preparedness of Tunisian University Hospital staff in facing a massive influx of victims.

Method: This is a multi-method qualitative descriptive study, conducted in nine general University Hospitals (UH) in Tunisia; the first component was a phenomenological design via open-ended interviews; the second component was a qualitative observational non-participatory design via field observations.

Results: 17 participants were recruited, in an intentional non-probabilistic way. Participants to this study discussed issues related to the material and financial resources of their hospitals; the psychological impact of managing an influx of victims; their training, their involvement in the process, and the norm versus the circumstances in the field. Which led to the conclusion that: "For multiple reasons, the Tunisian University Hospitals are not ready to properly manage a massive influx of victims"

Conclusion: This multi-method qualitative study discussed the factors that affected the preparedness of staff and readiness of UHs included. Factors were mainly resources (material and financial), psychological burden, lack of training, lack of involvement in the process and issues related to evidence-based practice. Data collected supports the idea that more research and more practical interventions need to be performed to increase the preparedness level of Tunisian UHs and their staff.

Trauma-related Mental Health in the Context of the COVID-19 Pandemic: Findings from a 'Living' Systematic Literature Review

Anouk van Duinkerken[1,2], Mark Bosmans PhD[1], Christos Baliatsas PhD[1], Elske Marra PhD[3], Michel Dückers PhD[1,2]

1. Netherlands Institute of Health Services Research, Utrecht, Netherlands
2. University of Groningen, Groningen, Netherlands
3. National Institute for Public Health and the Environment, Bilthoven, Netherlands

Introduction: This contribution is based on the findings from a 'living' systematic literature review seeking to understand the short and long term health impact of the COVID-19-pandemic. Emphasis is placed on the prevalence and risk factors of trauma-related mental health outcomes in the context of the pandemic. Especially when it comes to Post Traumatic Stress Disorder (PTSD), it is questionable whether exposure types that are typical to the pandemic match the essence of the disorder. Our objective is to verify whether the international literature sufficiently distinguishes pandemic related exposure from other risk factors such as social demographic characteristics and non-pandemic related exposure to threats and life events.

Method: This part of the 'living' systematic literature review is conducted under the umbrella of the Dutch Integrated Health Monitor COVID-19. In order to guide a research-driven data collection, several databases were searched for studies published during the pandemic. At the moment of abstract submission the protocol was published in Prospero and screening was in progress. Observational, quantitative studies including a specified exposure/event and a trauma-related mental health outcome measure are included. The included studies will be categorized based on type of exposure/event. Pooled prevalence will be calculated if studies are sufficiently homogeneous.

Results: In progress.

Conclusion: The results from this literature review are likely going to confirm that a substantial part of the international literature is polluted with studies promising to contain information on PTSD and other trauma-related health effects of the COVID-19 pandemic, yet running short of linking symptomatology to particular types of exposure and risk factors. If this is the case, a risk exists that public health authorities are being recommended to apply preventive and curative trauma-focused interventions based on an ambiguous knowledge base. The results will be presented during the conference.

Methods for Hospital To Promote Disaster Preparedness Against Loss of Power

Junko Ikeuchi

Setsunan University, Osaka, Japan

Introduction: The 2018 Hokkaido earthquake caused a power outage in all of Hokkaido. In Japan, several hospitals have generators for outages. However, when electricity is lost, several hospitals are disrupted because they are accustomed to having a stable power supply on a daily basis. This study describes the efforts of a hospital that were not accustomed to disaster response to evaluate and implement power-loss countermeasures. The purpose of this study is to measure the usefulness of hospital power-loss countermeasures.

Method: 1) Classification of Japan's existing power-loss countermeasures.

2) Hospital evaluation of the classified power-loss measures.

3) Confirmation of the usefulness of the hospital's power-loss countermeasures.

Results: Power-loss countermeasures were classified into four categories. 1.) Equipment enhancement: this measure is expensive but can prevent loss of power, 2.) Purchase of goods: this measure is inexpensive and alternative power is available, 3.) Manual creation, and 4.) Training. Training measures can help smoothen the hospital's response after a loss of power. A hospital evaluated whether those measures were appropriate for that hospital. As a result, some of the measures were immediately put into practice.

Conclusion: This hospital was not accustomed to disaster response, and at first, they did not seem to know where to apply countermeasures. However, after implementing the measures, the hospital announced within its organization that the next step was training. It became clear that by presenting specific