

guaranteeing continuity of care during and after a disaster for avoiding negative health outcomes.

Method: A systematic review was conducted to evaluate the extent and nature of research activity on the use of ACSCs during disasters, with an eye toward finding innovative ways to assess the level of PHC function at times of crisis. Online databases were searched to identify papers.

Results: A final list of nine publications was retrieved. The analysis of the reviewed articles confirmed that ACSCs can serve as a useful indicator of PHC performance during disasters, with several caveats that must be considered.

Conclusion: The reviewed articles cover several disaster scenarios and a wide variety of methodologies showing the connection between ACSCs and health system performance. The strengths and weaknesses of using different methodologies are explored and recommendations are given for using ACSCs to assess PHC performance during disasters.

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Emergency and Disaster Preparedness Amongst Emergency Medicine Residents in Singapore

Elizabeth Tan MBBS, MCEM, Yao Qun Yeong MBChB, MMED, Joy Quah MBBS, MMED

Singapore General Hospital, Department of Emergency Medicine, Singapore, Singapore

Introduction: Emergency Medicine (EM) physicians are crucial members of the disaster medical response. In Singapore, the EM residency program spans five years, with junior residents (JRs) progressing to senior residents (SRs) in three years after passing the MRCEM exam or its local equivalent. This study aims to assess the knowledge, attitudes and perceptions toward disaster medicine among EM residents in Singapore.

Method: A cross-sectional study was performed for 90 EM residents for the academic year 2020/2021. A self-administered, 44-item online questionnaire based on the Emergency Preparedness Information Questionnaire (EPIQ) was delivered via GoogleForms™. This assessed familiarity through 10 dimensions, with a minimal score of one and a maximal score of five. The survey also included questions on attitudes towards emergency preparedness and preferred learning methods. Data was collected from May 2020 to November 2020, and analyzed with SPSS.

Results: The response rate was 41%. Of these, 75% were JRs and 25% SRs. The overall mean familiarity with disaster preparedness was 2.43 ± 0.90 . There was no statistically significant difference of overall mean familiarity between JRs and SRs. Overall, they fared best in the dimension on isolation & quarantine with a mean score of 2.91 ± 1.05 and worst in the dimension on psychological issues with a mean score of 2.34 ± 0.95 .

Residents felt that disaster medicine was relevant to their practice with a mean score of 4.22 ± 0.98 . They also felt that it was necessary to learn more about it, with a mean score of 4.16 ± 0.90 . The highest ranked preferred learning method was workshop/simulation training (45.5%), followed by lectures (23.4%).

Conclusion: EM Residents have a poor overall familiarity with emergency preparedness, however, they recognized its importance and relevance. The preferred formats of learning were simulation/workshop training. More must be done to improve the overall competency of EM residents in disaster medical response.

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Physical Trauma Following Rocket Warning Sirens in Israel

Sagy Apter MD, Uri Manor MD, Gal Ben - Haim MD, Dan Prat MD

Sheba Medical Center Tel-HaShomer, Ramat Gan, Israel

Introduction: Civilians constitute a significant wartime target, and trauma accounts for most of their injuries. Air raid sirens have long been used to alert civilians of incoming attacks and have since expanded to warn of natural disasters. Sirens are known to cause significant emotional distress and physiological changes. Injuries inflicted from trauma during a run for shelter have yet to be described in the medical literature.

Method: During the recent Israel-Gaza conflict of May 2021, most of Israel's population experienced rocket warning sirens. We collected all adult patients arriving at a major tertiary medical center emergency department (ED), attesting to having suffered their injury while running for shelter. Clinical and demographic data were retrieved and analyzed.

Results: A total of 48 patients were identified, with a mean age of 59.6 ± 20.0 . Ten (21%) patients were admitted, and their mean length of stay was 4.4 ± 3.7 days. Women had a higher probability of being hospitalized (42.9% vs. 5.9%, $p=0.04$), and those hospitalized tended to be older (68.8 ± 16.4 vs. 54.8 ± 20.8 , $p=0.06$). Extremity injuries were most common (50%), before head trauma (29%), and torso injuries (25%). Most patients (38/48, 79.2%) were discharged from the ED, and the rest were hospitalized for observation or surgery. One patient died from a head injury.

Conclusion: This study implies that injuries while running for shelter were the most significant cause of physical injury to Israeli civilians during the Israel-Gaza 2021 conflict. Warning siren injuries should be given appropriate attention from prevention by directed media campaigns to post-conflict reimbursement.

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The Impact of Hurricane Ida on Emergency Medical Services Operations in New Orleans

Joy Rosenblatt MD, MPH^{1,2}, Sean Gruen MPH², Meg Marino MD^{1,3}, Emily Nichols MD^{1,3}

1. Ochsner Medical Center, New Orleans, USA
2. University of Queensland / Ochsner Clinical School, New Orleans, USA
3. New Orleans Emergency Medical Services, New Orleans, USA