

(CDC) and RTI International designed a study to mitigate these issues by surveying within weeks of a natural disaster to examine associations of preparedness to peri-event exposures, emergency services, and health.

Method: Given the unpredictability of natural disasters, a significant challenge for the team was to plan a rigorous study design applicable to several types of severe weather events. This presentation will review our forethought, planning, and resulting strategy, including important considerations related to IRB and OMB applications with unspecified disaster/location details. We will share decision-making on sampling, instrumentation, communication materials, and multi-mode data collection procedures. The impact of delays due to COVID-19 and waiting to select a disaster that met a prior disaster inclusion/exclusion criteria will also be presented.

Results: Results are forthcoming. We will present details on RTP's 2022 survey implementation in the Fort Myers area of Florida within weeks of Hurricane Ian landfall including information on our final sampling strategy, field period, and outcome rates among key community groups and exposures.

Conclusion: Conclusions will be presented. Pragmatic lessons learned related to timeline, labor, and other resources will be used to compare our strategy to rapid needs assessment methodology as well as more typical self-report surveys with later post-disaster data collection periods. Researchers working in emergency preparedness/response and disaster epidemiology will have gained a solid understanding of the advantages and disadvantages to planning studies for the immediate aftermath of undefined disasters.

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Quarantine Facility Model of Care Toolbox

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Introduction: The COVID-19 pandemic public health strategy to reduce community transmission in Australia included unprecedented use of quarantine facilities to separate those at risk and those with the infection from the rest of the community. No standardized approach to quarantine facilities existed resulting in different models of care emerging across the country. The Northern Territory Howard Springs Quarantine Facility was a large-scale quarantine and isolation operation which hosted over 33,000 domestic and international arrivals with zero COVID-19 transmission recorded from residents to staff for the duration of its operation. The facility was deemed the gold standard model of care and the aim of this project was to distill the important elements of that model of care into an evidence-based tool kit for future use as an open access, online resource. The toolkit was a result of intense data and information analysis including resident, staff and leadership surveys, policies and procedures and results of audits of the facility during its operation.

Method: This project to develop an online, open access evidence-based toolkit forms part of the Translational Research to Improve Health Outcomes project funded by the Australian Government's Medical Research Future Fund. The methodology included mixed methods with an underpinning grounded theory approach to analyze de-identified audit data and information from the quarantine and isolation facility operational period. Staff and leadership team surveys were conducted to explore experiences of site functions and infrastructure. A (non-experimental) descriptive design allowed collation and statistical analysis of information recognizing the variables in the data and information.

Results: The toolbox includes a resident centered quarantine care model, infection, prevention and control strategies for health professionals and non-health staff, quarantine communication model and presentation of core challenges (rapid recruitment, environmental factors, workforce resilience).

Conclusion: The resulting online web resource presents evidence-based core strategies and resources for implementation in future pandemics.

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A Characterization of the Burden from Mandated COVID-19 Public Health Reporting on a Small Independent Hospital in New York City

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Introduction: Public health agencies' ability to monitor outbreaks requires government mandated reporting from health-care institutions, with consequences for noncompliance. This study aims to characterize the burden on acute care hospitals from government reporting requirements during COVID-19 pandemic.

Method: A retrospective study over a 14-month period (April 27th, 2020 to June 10th, 2021) during the COVID-19 pandemic examining the log of changes and requirements of the Health and Human Services (HHS) Teletracking, an online system for hospital reporting. We interviewed 33 individuals including hospital leadership, clinical directors, and infection control personnel in a New York City (NYC) small independent hospital (SIH).

Results: During the study period, reporting requirements increased from five daily reports to 29 daily reports across eleven different agencies, all with separate reporting systems. Reporting schedules varied from several times a day to intermittently. Typically, new reporting requirements were conveyed to institutional contacts at 8 AM with a required deadline of 1 PM the same day. The continuous changes reportedly made it difficult to develop stable data gathering and workflow processes. There was a reported lack of clarity around new data elements' definitions and different agencies employed different variables for the same measure. There were hospital penalties for missing

deadlines, leading to clinical staff being diverted from patient care to meet reporting needs.

Conclusion: The study shows significant reporting barriers and diversion of resources away from the frontline to supply data collection during disasters. There is significant redundancy in reporting agencies and in reporting systems, each with different reporting frequencies, and variable definitions of data elements. The public health needs of a disaster response would be better served with a more coordinated, efficient system to share information without further straining the healthcare system.

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The Usage of a COVID-19 Contact Tracing Electronic Platform in Greece: Exploring Opportunities, Challenges, and Data on SARS-CoV-2 Infectivity.

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Introduction: Contact tracing is a core public health tool used to interrupt the transmission of pathogens, including SARS-CoV-2. To increase the effectiveness of contact tracing, Greek health authorities used an electronic platform to aid traditional manual contact tracing to track individuals who have come in close contact with identified COVID-19 patients.

Method: Contact tracing was implemented from the beginning of the pandemic in Greece. The aim was to identify and quarantine all the contacts of confirmed cases. The electronic database was designed following all the security protocols and national regulations on the use and protection of personal data. To assess factors associated with infectivity and susceptibility to infection in this analysis, we used contact tracing data with a sampling date between October 1 to December 9, 2020.

Results: During the sampling period, 29,385 laboratory-confirmed SARS-CoV-2 cases and 64,608 traced contacts were identified. A median number of two persons were traced per index case. The secondary attack rate was 17.4% (95% CI: 17.0–17.8). Contacts aged 0–11 and 12–17 years were less susceptible to infection than adults 65 years or older (odds ratio (OR) [95% CI]: 0.28 [0.26–0.32] and 0.44 [0.40–0.49], respectively). Index cases aged 65 years or older were more likely to infect their contacts than other adults or children/adolescents.

Conclusion: Contact tracing is a key strategy to interrupt chains of transmission and to promote early diagnosis. The data collected in this process could be used to estimate epidemiological parameters of interest and to better understand factors associated with infection and susceptibility to infection. Precautions are necessary for individuals 65 or older as they have higher infectivity and susceptibility in contact with their peers.

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The Potential Environmental Implications of Infection Control Prevention During the COVID-19 Pandemic: Waste Generation from a Level 2 Trauma Center in Maine, USA.

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Introduction: Hospital waste in the United States (US) generates 7,000 tonnes of waste daily. During the pandemic, hospitals had to increase the amount of personal protective equipment (PPE) worn by healthcare providers. The aim of this study was to compare pre and present COVID-19 waste generation amounts in comparison with hospital census and PPE purchased.

Method: This research examined the solid waste generated at a level II trauma center from January 2018–December 2021. Data examined included: the amount of solid waste generated, monthly patient census, COVID-19 census, policy changes, and the amount of purchased PPE pre and during the pandemic.

Results: PPE product numbers purchased varied with a noticeable increase in mask and gown ordering. The number of admitted COVID-19 patients peaked at 46. Hospital waste tonnage fluctuated but did not show a statistically significant change.

Conclusion: The COVID-19 pandemic has caused hospitals to increase their PPE posture to help safeguard its employees and patients. In our hospital setting, the use of PPE increased and overall hospital census decreased. This has profound implications for not only the hospital's revenue, but also with less census volume, there was curiously the same amount of hospital waste generated. This work needs to be continued in other healthcare PPE heavy settings, to better understand the downstream consequences of infectious diseases on responsible hospital waste management and environmental sustainability.

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Not Just a Vaccination. Provision of Public Health, Environmental, and Social Needs in an Austere Environment in Miami, Florida

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Introduction: The recently approved COVID-19 vaccine in 2021 provided a glimmer of hope to all people who had isolated, or lost loved ones to the SARS-COVID-19 virus. Clinics were rapidly established in non-traditional settings in order to meet the need in the early phases of the vaccination program. Contractor support provided rapid personnel support to meet