2. German Red Cross, Berlin, Germany
3. DigiHealth Institute, Neu-Ulm University of Applied Sciences, Neu-Ulm, Germany
4. World Health Organization, Geneva, Switzerland

Introduction: Standardization of data collection and reporting within EMT's is challenging. In past deployments, the Red Cross Red Crescent Type one and two facilities (Emergency Response Units- ERU's) have collected data by hand using paper-based form and Excel spreadsheets. This process can be laborious, time consuming and often inaccurate.

Method: RCHIS is both an electronic medical record (EMR) and health information system (HIS). RCHIS has been designed to produce pre-made reports including the MDS in seconds extracting data from the patient records. Through significant testing and pilot deployments in a domestic type one fixed clinic, the rapid production of reports such as the MDS has increased compliance and accuracy with reporting.

Results: The utilization of an EMR and integrated HIS system for increasing compliance and accuracy with the MDS has been hugely successful. An in-depth analysis of the export data was done to confirm the 100% accuracy within the MDS report.

Furthermore, feedback from users and managers within the ERU's expressed the excitement for the ease of reporting not only to the EMTCC, but also to IFRC and back-donors. Moving forwards, this data collection will also be used to collect essential data to audit and improve the quality of care provided within the RCRC ERU's.

Conclusion: In conclusion, the utilization of RCHIS within a domestic ERU (equivalent to an EMT type one or two) has been hugely successful. The next steps will involve the deployment of RCHIS within an international deployment.

Lessons Learned from an OB / Newborn / Neonatal Intensive Care Full-Scale Exercise

Michael Frogel MD, John Jermyn, George Foltin MD, Arthur Cooper MD
New York City Pediatric Disaster Coalition, Brooklyn, USA

Introduction: Children are frequently victims of disasters. However, gaps remain in disaster planning for pediatric patients. The New York City Pediatric Disaster Coalition (NYCPDC) is funded by the NYC Department of Health and Mental Hygiene (DOHMH) to prepare NYC for mass casualty incidents that involve large numbers of children.

On April 26, 2018, the NYC PDC conducted a first in NY, full-scale exercise with the NYC Fire Department (FDNY) testing evacuation, patient tracking, communications, and emergency response of the Obstetrics, Newborn and Neonatal units at a NYC based hospital. The goal of the exercise was to evaluate current Ob/Newborn/Neonatal plans and assess the hospital's ability to evacuate patients.

Method: The exercise planning process included a review of existing OB / Newborn / Neonatal plans, four group planning meetings, as well as, targeted specific area meetings and plan revisions. The exercise incorporated scenario-driven, operations-based activities, which challenged participants to employ the facility's existing evacuation plans during an emergency.

Results: The Exercise assessed the following: Communication, Emergency Operation Plans, Evacuation, Patient Tracking, Supplies and Staffing. Internal and external evaluators rated exercise performance on a scale from 1-4. Evaluators completed an exercise evaluation guide based on the Master Scenario Event List.

An After Action Report was written based on the information from the exercise evaluation guides, participant feedback forms, hot-wash session, and after action review meeting. Strengths included the meaningful improvement of plans before the exercise (including the fire department) and the overall meeting of exercise objectives.

Conclusion: Lessons learned included: addressing gaps in effective internal and external communications, adequate supplies of space, staff, equipment needed for vertical evacuations; providing staging and alternate care sites with sufficient patient care and electrical-power resources. The lessons learned are being utilized to improve existing hospital plans to prepare for future full-scale exercise and or real-time events.

Le Grand Départ 2019 - health care management during a major planned event in the heart of Brussels (Belgium)

Kris Spaepen RN, MSc EMDM, Ives Hubloue MD, PhD
Research Group on Emergency and Disaster Medicine, Vrije Universiteit Brussel, Brussels, Belgium

Introduction: Mass gathering events (MGE), can attract sufficient attendees to strain the planning and response resources of the host community, state, or nation, thereby delaying the response to emergencies. The organization of such a MGE can be even more problematic when the event continues across much of downtown (including hospitals) and makes some parts of the city inaccessible. The aim of this study was describing the health care management of the Grand Départ of the Tour de France, July 6-7th, 2019. On both days, the stages drew crowds of 300,000 attendees, adding a quarter of the regular number of inhabitants of Brussels (1,2 million) and closing parts of downtown Brussels.

Method: Data were retrospectively collected from the in-event health services (coordinated by the University Hospital Brussels). Data regarding medical interventions, as well as data generated by the advanced medical posts (AMP) were recorded and handed to us after anonymization. For analysis, patients were divided into two groups: those seen by first-aid responders and paramedics (triage code green) and those seen and treated by health professionals (emergency nurses and physicians) (triage codes yellow or red).

Results: During the event, three AMPs were established along the route of the stage as were six ambulances, three mobile medical crews (one emergency nurse and one physician), and seven mobile first aid teams. Over the two days, 84 patients were seen; 80 green codes (95,2%), 3 yellow (3,6%), and one red

(1,2%) resulting in a patient presentation rate of 0.28/1,000. In total eight patients were transported to hospital for further diagnosis and treatment (ambulance transfer rate: 0.02/1,000).

Conclusion: In-event health services for this event proved adequate according to the number of attendees and the severity of the patients. No hospital reported disruptions to their standard operational capacity.

Emergency Management Risks in MEM Region South–An Operational Perspective

Cian O'Brien MPH[1,2], Mary Rose Fitzgerald MSc[1], Aoife Cheung BSc[1], David O'Sullivan MSc[1]

1. Health Service Executive, Cork, Ireland
2. University College Cork, Cork, Ireland

Introduction: Distilling from the National Risk Assessment for Ireland, the Regional Working Group for Major Emergency Management Region South (Cork and Kerry) assessed threats in the region and 22 hazards were identified which were distributed over the natural, transportation, technological and civil categories. The hazards were plotted on an Interagency (Health, Police and Local Authority) Emergency Management Risk Matrix

Method: A three-hour 'Introduction to Emergency Management' educational program was developed in May 2022 with the aim of introducing frontline members of the Principal Response Agencies (Health, Police and Local Authority) across the Cork and Kerry region to the concept of emergency management. As part of this educational session, participants (N = 55) were given an overview of the regional risks as identified through the risk assessment process by the Regional Working Group for Major Emergency Management. As part of a breakout session, course participants were asked to identify their perspective on 'worst case scenario' risks.

Results: An analysis of the operational risks identified by members of the Principal Response Agencies (Police, Health and Local Authority) were categorized into the four risk sub-headings: natural, civil, technical and transport and compared with the strategic regional risk assessment. The differences identified based on the comparative analysis, detailed that those holding operational portfolios identified that concurrent risks, as evidenced during the Cyberattack on the Health Service Executive in May 2021 during a wave of the global pandemic in Ireland were a perceived 'greater' risk that those traditional risks identified in the regional risk assessment.

Conclusion: This study highlights the importance of engaging operational staff when developing regional emergency management risk assessments. The requirement to consider and incorporate concurrent emergency management risks is vital to ensure that the Cork and Kerry regions are prepared for future events.

Comparison of Public Health IT Reporting Capabilities Between a Large Network Hospital and Small Independent Hospital During Disaster Response

Pia Daniel MD, MPH[1], Bonnie Arquilla DO[1], Patricia Roblin MS[1], Yalini Senathirajah PhD[2], Kenrick Cato PhD[3], David Kaufman PhD[1]

1. Downstate Health Sciences University, Brooklyn, USA
2. University of Pittsburgh School of Medicie, Pittsburgh, USA
3. Columbia University School of Nursing, New York, USA

Introduction: Management of outbreaks rely on hospitals' health information technology (IT) to electronically share data to public health systems. Studies show that half of non-federal hospitals reported a lack of capacity to exchange information with public health agencies, placing a variable burden on institutions to meet the government mandated reporting requirements. This study aims to contrast the impact of COVID-19 reporting requirements across two New York City institutions with disparate health IT capabilities.

Method: A retrospective, qualitative study contrasting the impact of reporting requirements on a small independent hospital (SIH) with 198 staffed beds and a large, networked hospital (LNH) with eleven campuses during the COVID-19 pandemic. Researchers conducted 51 interviews with hospital leadership, clinical directors, and infection control personnel. Interviews were transcribed and coded using qualitative analysis software.

Results: The LNH had a 50-person analytic team that handled reporting tasks, a centralized data warehouse that was automatically updated, electronically generated reports with universal access, and limited burden of clinical staff. The SIH had no dedicated analytic team. Seventeen departments were utilized to handle reporting tasks with no centralized place to share electronic data, limited capacity to create automatically updated reports, a daily manual information gathering processes, and significant need of clinical staff to collect data. Both SIH and LNH faced challenges associated with the distribution of responsibilities and resources with pressure to report in a timely fashion. However, the burden on the SIH was so onerous that it significantly impeded routine hospital work and patient care.

Conclusion: The disparity in health IT capabilities highlights significant institutional inequities and variability in response during a pandemic. The findings have implications for how government and other regulatory bodies may adjust policies to equitably meet public health needs and not unfairly burden small hospitals.

NO FEAR Project–Re-thinking Scene Security

Chaim Rafalowski

Magen David Adom Israel, Or Yehuda, Israel

Introduction: The NO FEAR project is dealing with operational aspects of the response to security-related incidents. Recent attacks globally demonstrate the complexity of the