

Abstracts of Tabletop Presentations-22nd Congress on Disaster and Emergency Medicine 2023

TABLETOP PRESENTATIONS

How People with Hearing Disabilities Deal with Collective vs. Private Emergencies

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Introduction: People with hearing disabilities (PwHDs) often do not receive the warnings sent out to the general community during emergencies. Our goal was to identify the obstacles preventing PwHDs from accessing vital information in routine circumstances and during general emergencies.

Method: This study was conducted from November 2018 through July 2020. We used a mixed-methods approach. The qualitative portion consisted of a standardized, open-ended interview with 19 PwHDs from various socio-economic backgrounds, religions, areas of residence and levels of hearing disability about coping with emergency situations in Israel. Grounded theory was used for analysis of the findings. The quantitative portion consisted of a cross-sectional survey of 288 PwHDs focused on perceptions of their self-efficacy in dealing with emergencies, methods of communication and accessibility of services. Using the Qualtrics survey platform with Israel sign language videoclips that included subtitles in straightforward Hebrew increased the participation. The statistical analysis was conducted using SPSS ver.23.

Results: Most respondents explained that their responses differed depending on whether the emergency is collective or personal.

1. Collective emergencies: Events such as earthquakes or wars that affect everyone. Most solutions provided to the general population are not accessible to or suitable for PwHDs.

2. Private emergencies: PwHDs often encounter personal emergencies such as difficulty asking for help on the street, the inability to contact call centers or the difficulty in obtaining accessible information from organizations.

Conclusion: The distinction between types of emergencies requires the development of different resources for dealing with routine issues and public emergencies. The latter affect PwHDs less than private emergencies. Standards of accessibility must be established for places providing services both during the day and at night, such as emergency rooms, telephone service centers, clinics, etc. These standards are the basis that which will allow for PwHDs to communicate independently.

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An Effective, Functional Approach to the Medical Operations Coordination Cell Structure

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Introduction: Effectively responding to an incident across jurisdictions and coordinating with regional and jurisdictional partners is extremely challenging. The COVID-19 pandemic exemplified the need to develop an operational structure which would serve as a regional medical operations hub. Although there has been guidance for using a Medical Operations Coordination Cell (MOCC), the concept can be difficult to apply and develop for the specific needs of varying regions and jurisdictional entities.

Method: The Mountain Plains Regional Disaster Health Response System (MPRDHRS) has developed a Medical Emergency Operations Center (MEOC) to address gaps in response coordination efforts across the six state Region VIII within the United States. This MEOC has been developed to synchronize and integrate existing systems and processes to manage the medical components of a response. This center is similar to other MOCC concepts. However, in a novel approach, the MPRDHRS organized a response framework that focuses on functional roles based on the specific needs of our region with response coordination and personnel availability. This organization is similar to the use of emergency support functions in a jurisdictional EOC.

Results: While developing the MEOC, a local Lean team collaborated with the MPRDHRS on continuous improvement initiatives. Drills, workshops, and exercises were used to test the MEOC and offer just in time training to MPRDHRS

