during these events. To prepare NYC for a large-scale Pediatric Disaster, NYCPDC has worked with an increasing number of providers that initially included only a small number of hospitals and agencies. Through a cooperative team approach, stakeholders now include local public health, emergency management and emergency medical services, 28 hospitals, community-based providers, and the Medical Reserve Corps.

Method: The NYCPDC utilized an inclusive iterative process model whereby a desired plan was achieved by stakeholders reviewing the literature and current practice through repeated discussion and consensus building. NYCPDC used this model in developing a comprehensive regional pediatric disaster plan.

Results: The plan included disaster scene triage (adapted for pediatric use) to transport (with prioritization) to surge and evacuation. Additionally, site-specific plans utilizing guidelines and templates now include Pediatric Long-Term Care Facilities, Hospital Pediatric Departments including Pediatric and Neonatal Intensive Care Services and Outpatient/Urgent Care Centers. A force multiplier course in critical care for non-intensivists has been provided. An extensive Pediatric Exercise program has been used to develop, operationalize and revise plans based on lessons learned. This initially included pediatric tabletop, functional and full-scale exercises at individual hospitals leading to citywide exercises at 13 and subsequently all 28 hospitals caring for children.

Conclusion: The NYCPDC has comprehensively planned for the special needs of children during disasters utilizing a pediatric coalition based regional approach that matches pediatric resources to needs to provide best outcomes.

The NYCPDC has responded to real time events (H1N1, Haiti Earthquake, Superstorm Sandy, Ebola), and participated in local (NYC boroughs and executive leadership) and nationwide coalitions (including the National Pediatric Disaster Coalition). The NYCPDC has had the opportunity to present their Pediatric Disaster Planning and Response efforts at local, national and International conferences.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s187–s188
doi:10.1017/S1049023X23004843

Logistics Educational Items Required for Hospital Paramedics to Work in Disaster Medicine Settings.

Ruki Masudome, Kouki Akahoshi, Yuichi Koido
National Hospital Organization Headquarters DMAT Secretariat MHLW Japan, Tachikawa-Shi, Japan

Introduction: In Japan, the Disaster Medical Assistance Team (DMAT) is dispatched as an Emergency Medical Team (EMT) in major disasters. DMAT consists of a physician, nurse, and operations coordinators. The operations coordinators include all occupations other than physicians and nurses, and are responsible for activities to facilitate medical treatment, gathering information, establishing communications, and ensuring transportation. Therefore, the operations coordinator must have in-depth knowledge of all aspects. Operations coordinators with this knowledge are qualified as logistics team members in addition to DMAT certification. Paramedics receive pre-graduate training in medical care, transport, and coordination with other organizations, and many of their daily duties are related to these areas. However, there are few opportunities to learn about logistics. If paramedics are effectively trained in logistics, they are likely to play an active role as operational coordinators. However, logistics covers a wide range of topics, and there are few studies on items that require focused education. Therefore, this study examines the level of understanding of each logistics item among paramedics active in the field of disaster medicine to identify items that should be emphasized.

Method: A questionnaire survey of 36 paramedics was conducted, all of whom hold both DMAT and logistics team certifications, to determine their level of understanding and the importance of each logistics item. The logistics items used in the survey are specified in the Logistics Specialist Certification System of the Japanese Society of Disaster Medicine. The collected questionnaire results were analyzed using SPSS statistical software.

Results: Characteristic trends were obtained in the logistics items required of paramedics. Trends were also analyzed according to the age and work history of paramedics.

Conclusion: The logistics education for paramedics needs to be enhanced in accordance with the trends obtained from the study. Specific studies on the means and timing of education will be needed in the future.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s188
doi:10.1017/S1049023X23004855

Emergency Department Attendance Gap during COVID-19 Pandemic: A Comparison of Attendance Trends at Wexford General Hospital from 2014 to 2022

Marco Smit MBCHB[1], Brendan Orsmond MBCHB[1], Michael Molloy MBCHB, BOA, DipSpMed, DipHealthInf, DipROM, Msc(DM), MCh, FFSEM, FRCEM, FRCSEd[1,2,3], Robin Andrews[1], Muhammad Bilal[1], Andrea Van Der Vegte[4,1], Ria Abraham[1], Rochelle Janse van Rensberg[1], Syed Taqvi[1], Phillip Jordaan[1], Maria Conradie[1], Ashleigh Dowle[1], Darshini Vythilingam[1], Bryce Wickham[1], Thomas Kelly[1], Keith Kennedy[1], Fahd Fayyaz[5], Yuni Neduchelyn[1]
1. Wexford General Hospital, Wexford, Ireland
2. University College Dublin, Dublin, Ireland
3. Beth Israel Deaconess Medical Center - Fellowship in Disaster Medicine, Boston, USA
4. University of South Wales, Caerleon, United Kingdom
5. University Hospital Wales, Cardiff, United Kingdom

Introduction: COVID-19 resulted in 1.8 million reported deaths in 2020 and an excess mortality of at least 3,000,000 to date. Following the announcement of emergency measures mandating various public health interventions, international studies demonstrated a decline in ED attendances, potentiating a delay in seeking health services.

The objective was to examine ED attendance trends by age group and to categorize the attendances following the implementation of regulations related to COVID-19.

Method: A single-center retrospective observational study of ED attendances from 2014 to 2022 at Wexford General Hospital, a 225-bed acute general hospital. Monthly attendance

trends were analyzed covering all phases of the national response. Information was extracted from the electronic health record system iPMS.
Results: Overall attendances decreased by 11.5% {42,637 (2019) to 37,751 (2020)}, well below expected annual growth projections from 2019 to 2020. A significant reduction in pediatric attendance (≤16 years) occurred, with 31.68% negative growth (10,351 to 7,071) in 2020 and sustained decrease of 15.3% (8,767 attendances) in 2021. In contrast, geriatric (≥65 years) attendances were unchanged in 2020 (17,751), with a surge of 8.9% to 19,333 attendances in 2021, the largest year-on-year growth since 2018. Comparisons of month-to-month trends in relation to public health measures correlated to a marked decline in attendances at the extremes of age during "lockdown" periods.
Conclusion: The reduction in attendances is likely multifactorial, such as a reduction in school-related stress and patients deciding to stay home for fear of attending during the pandemic with non-emergent conditions. The increase in geriatric presentations in 2021 may reflect continuing restricted access to primary care and GP services, or neglect of prior conditions. Examining changing demographic attendances may offer opportunities to develop alternative ways of supporting frail populations and families in community care avoiding ED presentations.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s188–s189
doi:10.1017/S1049023X23004867

Japan Disaster Medical Assistance Team Boot Camp for the Trainer in KOBE : Corona Era Experience of Hyogo Emergency Medical Center

Tetsunori Kawase MD, Shinichi Nakayama MD, PhD, Satoshi Ishihara MD, PhD, Soichiro Kai MD
Hyogo Emergency Medical Center, Kobe, Japan

Introduction: Japan Disaster Medical Assistance Team (JDMAT) consists of four personnel. They are selected in 47 local governments in Japan, and after the completion of a four day boot camp, they are registered in the list of JDMAT. Hyogo Emergency Medical Center (HEMC) has been playing an important role as one of the oldest boot camps with Disaster Medical Center in Tachikawa. The boot camp's significance is obvious, but the JDMAT system requires a trainer for the course. Many courses were discontinued and affected by the COVID-19 Pandemic.
Method: Retrospective, single institute data, observed in the number of participants for instruction. The periods are from March 2019 to September 2022. Instructing members of this boot camp consist of three categories of Drs, Nurses, and logisticians.
Results: In FY2019, from April to March during the pre-pandemic year, a boot camp was held nine times. During those days, the total number of instructors, including potential ones, was 659 persons, and fortunately 75 people participated for the very first time. However, during the Corona era, in FY2020, the boot camp was held only four times. The total number of instructors was 161 persons, and 14 people participated for the first time. In FY2021, the boot camp was held only three times. The total number of instructors was 141 persons, and 11 people participated for the first time. In FY2022, after two quarters passed, the boot camp was held five times according to the schedule. The total number of instructors was 256 persons, and 18 people participated for the very first time.
Conclusion: Officers were not trained for future disaster response for two years because of the pandemic.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s189
doi:10.1017/S1049023X23004879

Using the Experience of Natural Disasters to Prevent Health Hazards in Shelters

Shunji Kasaoka MD, Hisaki Naito DH
Disaster Medical Education and Research Center, Kumamoto University Hospital, Kumamoto, Japan

Introduction: The number of deaths from natural disasters that have occurred in Japan since 1989 is in the order of (1) the Great East Japan Earthquake, (2) the Great Hanshin-Awaji Earthquake, and (3) the Kumamoto Earthquake, but the ratio of related deaths to the total number of deaths was highest for the Kumamoto earthquake.
Method: In the case of the Kumamoto earthquake, an inland earthquake of the same scale as the Great Hanshin-Awaji Earthquake, direct deaths due to the earthquake were suppressed, but related deaths are thought to have increased due to the effects of evacuation life and other factors. According to a report by Kumamoto Prefecture, the majority of direct deaths from the Kumamoto earthquake were caused by trauma such as excessive pressure or asphyxiation. As for related deaths, most of the victims were aged 60 years or older, more than 80% of them had pre-existing medical conditions, and respiratory and circulatory system diseases were the most common causes of death.
Results: A survey of victims transported by ambulance from evacuation centers to medical institutions after the Kumamoto earthquake showed that a large number of victims were transported in the acute phase after the disaster. The reasons for transport are diverse injuries and illnesses, including trauma from falls, dyspnea, impaired consciousness, and fever, suggesting that stress from the earthquake and problems in the living environment of the evacuation centers had an impact on the deterioration of health conditions.
Conclusion: It is important to identify issues and consider countermeasures based on past experiences in order to prevent health hazards in evacuation centers.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s189
doi:10.1017/S1049023X23004880

Hurricane Ida Emergency Medicine Resident Disaster Response

Kyle Herbert MD[1], Ronald Fenton MD[1,2], Ben Flitter MD[1], Raymond Kessler MD[1], Meghan Maslanka MD[1]
1. LSUHSC-New Orleans Department of Emergency Medicine, New Orleans, USA
2. United States Navy, Sigonella, Italy