

learned by the military community worldwide to support their vaccination efforts within their countries. By collating this information into a single document, the collective global experience can be better analyzed and this information utilized to develop a framework for future disaster preparedness and mitigation planning efforts.

Method: Medline (PubMed), Google Scholar and the JSTOR Security Studies collection were searched for English language articles from January 1, 2020 and onwards. Keywords used included civil-military coordination, military, COVID-19, vaccination, vaccine. Titles were initially screened for relevance. The abstracts were then reviewed for a decision on inclusion. Article inclusion was determined by author consensus based on relevance to the objectives. Key papers were also hand searched for additional unidentified references.

Results: Data collection and analysis planned for completion by January 2023.

Conclusion: The COVID-19 pandemic created a public health need for mass vaccination distribution that was assisted by militaries throughout the world. This literature search demonstrates the ways in which military resources contributed to COVID-19 vaccination efforts, including creative techniques, successes and opportunities for future improvement.

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Emergency Health Care Workers' Preparedness for Disaster Management: An Integrative Review

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Introduction: Around two billion people globally were affected by natural disasters between 2008 and 2018. Countries are required to effectively prepare their healthcare workers for disaster response. A greater level of preparedness is associated with a more effective response to disasters. The World Health Organization requires countries and governments to have disaster plans and emergency health workers ready and prepared at all times. This integrative review aims to understand emergency healthcare workers' perceived preparedness for disaster management.

Method: An integrative literature review using the PRISMA checklist guidelines was conducted to explore physicians, nurses, emergency medical services, and allied medical professionals' preparedness for disasters. Literature was searched from 2005, published in the English language and from MEDLINE (PubMed), Google Scholar, EMBASE, PsycINFO, SCOPUS, ProQuest and CINAHL databases. Reviews, case reports, clinical audits, editorials and short communications were excluded. Studies were critically appraised using the Mixed Methods Appraisal Tool.

Results: The initial search yielded 9,589 articles. Twenty-seven articles were included following the application of the eligibility criteria. Included studies were geographically diverse including North America, the Middle East, and the Asia Pacific. Most

studies (n=24) assessed the knowledge of healthcare workers in general disasters. Studies using the Disaster Preparedness Evaluation Tool reported moderate disaster preparedness and knowledge, while studies using other instruments largely reported inadequate disaster preparedness and knowledge. Regional variations were recorded, with high-income countries' reporting a higher perceived preparedness for disasters than low-income countries.

Conclusion: The majority of emergency healthcare workers appear to have inadequate disaster preparedness. Previous disaster experience and training improved disaster preparedness. Future research should focus on interventions to improve emergency healthcare workers' preparedness for disasters.

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Targeted Review and Amalgamation of Unmapped Major Trauma and Ambulance Data in Ireland: TRAUMA Study

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Introduction: The trauma care system in Ireland is being re-configured to have major trauma centers for severe injuries and other sites for less severe injuries. This is to ensure patients are brought quickly to the most appropriate hospital to manage their injuries. The National Ambulance Service (NAS) electronic Patient Care Record (ePCR) records what happens to patients before they reach the hospital and the Major Trauma Audit (MTA) captures data on patients' hospital treatment. These datasets are currently separate and if they could be joined, they would inform important decisions on which hospitals to take patients. This study aims to investigate joining these datasets to create a seamless database of the patient journey from roadside to recovery.

Method: Proof of Concept—The ePCR and MTA datasets will be linked on a once-off basis. The combined anonymized dataset will then be analyzed to identify pre-hospital characteristics that determine the need to bypass smaller hospitals and bring patients to a larger major trauma center or trauma unit.

Stakeholder input for ongoing dataset combination and utilization—A stakeholder consultation process will explore the best way to make a GDPR-compliant combination of datasets on an on-going basis, including geo-location data and the inclusion of patient reported outcome measures. This will incorporate the requirements of the Data Protection Commissioner, National Office of Clinical Audit, patients, clinicians, NAS, HSE and other stakeholders.

Geospatial implications of major trauma services—Once ongoing data combination is approved, we will determine geospatial implications of the trauma network for prehospital care configuration and the patient journey.