

the needs of many locations in several states. Consideration of basic infrastructure requirements such as Incident Command, security, HVAC, electricity, water and sanitation were part of a state supported vaccine clinic in an economically challenged neighborhood in downtown Miami, Florida.

**Method:** Topics to be discussed include staffing mixes, language/cultural concerns, handheld EMR applications, patient flow, immunization practices, testing practices, vaccine security, adverse event management, infection control procedures and the ever present supply chain challenges. The discussion will be framed from the perspective of the Chief Nursing Officer in an ever challenging vaccine environment.

**Results:** Over 20,000 vaccines were successfully provided in a little over three months, and a community-based Student Internship program was also implemented.

**Conclusion:** Vaccine administration is possible in a variety of settings. Foundational principles of vaccine security, management of the environment and provision of safety and security for patients and staff will help to ensure a successful public health campaign.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s66–s67

doi:10.1017/S1049023X23002005

### **Bushfire and Biodiversity Disaster Risk Reduction Tool: A Community-Led Values-Based Bushfire Risk Management Project with Multi-Agency Support to Develop Strategies to Protect Biodiversity and Manage Bushfire in Upper Beaconsfield, Victoria, Australia**

*Caroline Spencer PhD, Suzanne Cross PhD, Frank Archer MPH*  
Monash University, Melbourne, Australia

**Introduction:** This Australian-first project explored residents' values about living in one of Australia's extreme bushfire risk areas. The project team developed the Upper Beaconsfield Bushfire and Biodiversity Tool (UPB&BT) which delivers tailored local information for residents living in the area. Designed to empower residents to make informed decisions, this user-friendly, online tool visualizes a community's devastating bushfire history, reveals residents' values about living in this area, and provides evidence-based actions to protect biodiversity and manage bushfire fuels on private property.

**Method:** Structured decision-making methodology informed the survey design to elicit residents' values about biodiversity protection and bushfire risk reduction, by inviting approximately 3000 residents to complete the survey. This community-led project applied a participatory approach by inviting collaboration between government, agencies, universities, and community representatives.

**Results:** Key results revealed 75% of respondents valued nature and lifestyle. 51% saw bushfire risk as an important factor for managing vegetation on private land, while 65% either mow or slash to manage vegetation. Synthesized data informed the content of the UPB&BT, which sourced evidence-based knowledge or specialists' expertise to provide tailored content and actions that met residents' diverse values. This included

the consequences of chosen actions, which helps residents understand the impact of their decisions. However, results identified confusion in roles and responsibilities.

**Conclusion:** This ground-breaking community-led, government-funded project joined with government, agencies, universities, and community representatives to develop a new bushfire and biodiversity tool to help residents understand biodiversity protection and bushfire management in their local community. Results aim to empower residents to make their own evidence-based and informed choices about managing their properties, thereby contributing to the community good. They decide what is important and identify available actions and their potential consequences. Other communities could replicate this process to localize their own disaster risk reduction strategies.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s67

doi:10.1017/S1049023X23002017

### **Tracking Post-Disaster Chronic Disease: Protocol for the RECOVER Cohort Study**

*Claire Leppold PhD<sup>1</sup>, Jessica Lockery MBBS, PhD<sup>2</sup>,  
Penelope Burns BMed, MPH<sup>3</sup>, Kate Brady PhD<sup>1</sup>,  
Meaghan O'Donnell PhD<sup>4</sup>, Joanne Ryan<sup>5</sup>, Lisa Gibbs PhD<sup>1</sup>*

1. Melbourne School of Population and Global Health, University of Melbourne, Melbourne, Australia
2. School of Health and Biomedical Sciences, RMIT University, Melbourne, Australia
3. College of Health & Medicine, Australian National University, Canberra, Australia
4. Phoenix Australia, Department of Psychiatry, University of Melbourne, Melbourne, Australia
5. School of Public Health and Preventive Medicine Monash University, Melbourne, Australia

**Introduction:** There is growing evidence that disasters may increase the risk of developing chronic diseases, including diabetes, dyslipidemia, chronic kidney disease, and cardiovascular disease. However, how much disaster exposure specifically affects chronic disease risk is unknown. This presentation introduces the study protocol for the Risk of hEalth CondiTiOn AdVerse Events after disasteRs (RECOVER) Cohort Study, which addresses this gap.

**Method:** The primary aim of RECOVER is to determine the extent to which disaster exposure specifically increases the risk of developing chronic disease (Aim 1). The secondary aims of the study are to determine if the nature, duration and severity of disaster exposure are risk factors for disease (Aim 2), to map mediators of post-disaster chronic disease risk (Aim 3), and to identify potential biomarkers of post-disaster chronic disease risk (Aim 4). RECOVER will recruit over 6000 adults (1:1 disaster exposed vs unexposed) in Australia to a nationally representative cohort for longitudinal follow-up. Detailed data will be obtained annually on disaster exposure, demographic, social and health factors. The primary health outcome (Aim 1) of chronic disease will be defined as new, incident diabetes, cardiovascular or respiratory disease, and will be ascertained through data linkage with the Pharmaceutical Benefits Scheme.