

recommendations. Understanding hazard–exposure dynamics are vital for advancing emergency health responses toward early intervention and health protection from future hazards that threaten functioning of whole health systems.

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Towards a Multidisciplinary Guideline for Psychosocial Crisis Management

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Introduction: The Dutch Multidisciplinary Guideline for Psychosocial support during Disasters and Crises (2014) contains general principles and recommendations for mental health and psychosocial support (MHPSS) to those affected by disasters, crises or other potentially traumatic events. Changes in the field of MHPSS, ‘new’ types of crises (such as social unrest and long-term crises) as well as new (scientific) knowledge have been identified. A revision of the guideline is therefore necessary to ensure that the document is in line with the current scientific evidence and practice.

Method: The aim of the revision is to regain national consensus on the updated recommendations for providing optimal MHPSS in the event of disasters and crises. Needs and challenges identified in the national field formed the basis for the revision, together with the existing recommendations from 2014. The setup of the revised guideline is in accordance with the Dutch EBRO method [Evidence Based Guideline Development]. The knowledge input was twofold: first, a systematic literature search was conducted in PsycINFO, Ovid Medline, Embase en PTSDpubs. Further, a multidisciplinary working group was formed with representatives from the domains of practice, policy and research. A consensus process was followed to test and revise the guideline.

Results: The literature search yielded 3,845 unique articles and 180 met the inclusion criteria. Based on the scoping review, supplemented with literature and expert knowledge, the recommendations have been updated and revised. The majority of the recommendations are still valid. They have been adapted based on current literature. Knowledge of the two new themes: ‘long-term and creeping crises’ and ‘social media’ is translated into recommendations in the field of MHPSS.

Conclusion: The revision will lead to a more complete starting point for additional guidelines, perspective for action and protocols for specific users and applications.

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Mental Health and Psychosocial Support for Ukrainian Refugees in the Netherlands from Fragmentation to Integration

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Introduction: More than 7.8 million people fled Ukraine since the invasion of Russia and are registered as refugees in Europe (as of November 1, 2022). Almost 89,000 of them are registered to the Netherlands (as of November 3, 2022). It is expected that this number will rise. Appropriate and accessible Mental Health and Psychosocial Support (MHPSS) is essential for conflict survivors to address psychological harm from traumatic events and distress both during the escape and after, while trying to adjust to an unfamiliar place. Receiving countries have the obligation to provide MHPSS as part of their international commitment to the right to health. This is recognized in the International Covenant on Economic, Social and Cultural Rights (ICESCR) and the Convention on the Rights of Persons with Disabilities (CRPD). Nevertheless, the Netherlands is failing to honor this commitment with fragmented services that do not seem to fit support needs. The longer it takes to put a comprehensive approach in place, the greater the damage to the refugees will be. This interactive session aims to shed light on practical challenges and opportunities for the implementation of appropriate, accessible and integrated MHPSS. What is needed to go from a fragmented to an integrated approach?

Method: Being active as advisors in the field of Disaster Health and MHPSS in the Netherlands, the presenters review their experienced challenges thereafter opportunities and good practices are explored together with the participants.

Results: Experienced challenges include complexity, fragmented organization, lack of ownership and inadequate access to knowledge and information about support needs.

Conclusion: More is needed to meet the commitment to the right of health and to provide adequate MHPSS to refugees in the Netherlands and beyond. International exchange and learning can help us to understand and overcome implementation challenges.

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Pediatric Disaster Readiness and Community Hospitals in a Rural American State

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Introduction: Pediatric patients represent a small (but important) subset of the patient population routinely visiting emergency departments (ED) each year. With the aim of better understanding the disaster preparedness level for pediatric-