

and no harm was detected by the psychological support team during the exercise.

Conclusion: The results of the study show that involving children as victims in pediatric disaster drills is possible in these conditions without impacting the mental welfare of children.

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Utilizing AEMS (Assess-EOP-Map-Simulate) Algorithm to Assess and Spatially Link Prehospital Emergency Medical Services Resources in Road-Traffic Mass Casualty Incidents in Kumasi, Ghana

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Introduction: Due to the high number of road traffic accidents with acute injuries and fatalities—particularly in Mass Casualty Incidents (MCI) in low-resource urban sub-Saharan African cities—research was undertaken to create an evidence-based algorithm that could be used to assess and geospatially link EMS needs in Kumasi, Ghana, to trauma resources. Our examination showed that non-MCI fatalities was approximately 2.5%, however, MCI fatalities were found to be 1.8 times higher—at 4.3%, indicating significant opportunities in the planning, preparedness, care, and transport among MCI patient management.

Therefore, several studies (funded through Fulbright-Fogarty and Fulbright Specialist programs), supported the development of the A-E-M-S (Assess-EOP-Map-Simulate) Medical Mass Casualty Algorithm that began networking accident ‘hotspots’ to existing trauma-level capabilities and surge capacity competencies in eight specified Kumasi hospitals. This low-cost response model promises to be an innovative alternative to long-term infrastructure development and high-priced resource distributions. Use of GIS and UAV drones allowed response systems to geospatially locate, classify, shift, and/or augment resources as needed in conjunction with hotspots.

Method: Sample sizes were averaged at 295 for all patients' ages, with only a sample size of 292 for adults at 95% confidence intervals, and a standard deviation of 0.5. A total of 300 road-traffic accident victims were collected at KATH A&E in February–May, 2017, utilizing handheld devices by four researchers 24/7 daily.

Results: Our examination showed that non-MCI fatalities were approximately 2.5%, however, MCI fatalities were found to be 1.8 times higher—at 4.3%, indicating significant opportunities in the planning, preparedness, care, and transport among MCI patient management.

Conclusion: To date—and in partnership with Kwame Nkrumah University of Science and Technology, Komfo Anokye Teaching Hospital, Ghana Medical Council, Health Services, National Disaster Management Organization, and others—over 306 Ghanaian healthcare providers from 80 different facilities have been trained in the AEMS program.

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Preparedness of Afghan Refugees for Disasters

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Introduction: Refugees encounter many obstacles en route to the United States. Refugees face very different disasters and response resources in the US than in their home countries. On arrival to the US, refugees receive a brief introduction to disaster preparedness, but do not receive specific education based on their home country or final location of residence. This study aims to determine the preparedness levels of Afghan refugees in the United States.

Method: This study used a modified General Disaster Preparedness Belief Scale (mGDPBS). The mGDPBS consists of 20 of the 45 questions from the GDPBS, selected from each of the six subscales most applicable to the refugee population. Ten Afghan refugee families were selected from the Afghan community in Virginia. Refugees were interviewed by a recorded one hour interview via Zoom. A list of the questions were provided, and a translator was available to ask the questions in the respective language of the refugee: Dari or Pashtu.

Results: Data collection and analysis to be completed by January 30, 2023.

Conclusion: Data collection and analysis to be completed by January 30, 2023.

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Foot Injuries at Music Festivals—One of the Most Common Presentations to On-site Medical Services

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Introduction: Foot injuries are a common patient presentation at music festivals, and are resource-intensive patient encounters by virtue of their comparative volume. There are no published accounts devoted to these ubiquitous, typical, predictable festival injuries leading to presentation to on-site medical services for treatment.

Method: A retrospective chart review was performed of visits to medical services for first aid or medical care involving feet at a multi-day music festival in Canada. Data extracted included demographics, injury characteristics, and type of footwear. Encounters were classified as initial or repeat visits, and repeat visits were assessed for having had previous dressings applied.

Results: Over the five day festival period, foot care visits accounted for 416 of 1129 (37%) patient presentations for minor care. Most common injuries were blisters (51%), ankle sprains (10%), lacerations (8%), abrasions (6%), and bug bites (6%). Footwear was reported as shoes (28%), shoes and socks (28%), flip-flops (19%), sandals (28%) and bare feet only (5%). The most common blister sites were toes (48%) and the posterior heel (17%). 12% of cases were repeat visits, and 50% of repeat visits were for dressings failure.

Conclusion: Foot injuries make up a significant portion of presentations, and often re-presentations, to medical services at music festivals. Preparation for these common injuries should include (1) a dedicated and purposeful bandage selection and supply, (2) provider training in best foot care practices, including bombproof, danceable dressings, and (3) educational resources to inform attendees of risks and provide preventative upstream measures that might allow them to avoid injury.

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The Role of Nurses in the Reclassification Exercise of the Japan Disaster Relief Search and Rescue Team (the JDR Rescue Team)

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Introduction: The JDR Rescue Team has successfully completed the INSARAG External Re-Classification (IER) process, which evaluates the operational capability and capacity of Urban Search and Rescue (USAR) teams and has achieved the highest "Heavy" reclassification in November 2022. Two nurses participated in the IER process as part of the medical unit of JDR Rescue Team. In addition, ten registered nurses completed as Exercise Control (EXCON).

Method: Summarize the JDR Rescue Team and medical unit and make observations on what nurses did in the IER.

Results: The JDR Rescue Team is dispatched by the Government of Japan in response to large-scale disasters overseas. The task force team has 75 members from various specialties, including the rescuer, and medical unit. The medical unit consists of one medical manager, 2 doctors, and two nurses. There are currently about 50 registered medical unit members in our team, and of these, a total of 23 nurses are registered. The role of nurses during the IER process, includes a 36-hour non-stop scenario-based exercise. The team nurses are involved in various roles, such as Confined Space Medicine (infusion for patients, assisting on-site amputation), caring or treating injured rescuers and search dogs, providing health and welfare monitoring and operating a decontamination system. The EXCON nurses were involved in managing the simulation. One of their key roles was to play as a victim realistically so as to provide a sense of tension for the simulation.

Conclusion: The JDR Rescue Team has more medical unit members than those in other countries. In particular, teams with so many nurses are rare. nurses played a vital role in this IER. The contribution of nurses is identified in order to make the international USAR team more strong and more flexible.

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Self-Injurious Thoughts & Behaviors of Firefighters: A Quantitative Descriptive Study

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Introduction: Little is known about Self-Injurious Thoughts & Behaviors and Non-Suicidal Self-Injury in firefighters in two East Coast United States metropolitan fire departments based on fire service tenure.

Method: • Study comprised of two parts, a survey and a questionnaire, both conducted online. Using the Computer Adaptive Test–Suicide Scale

- The only computer-based adaptive mental and behavioral health assessment clinically validated worldwide.
- Validated against face-to-face structured clinician-led assessment.
- Participants received a unique identifier and hyperlink allowing them access and confidentiality.
- Study was completed on participants' personal electronic devices, on their own time, at their own pace.

A single-factor or One-Way ANOVA tested for a significant relationship between the variables and the four tenure groups simultaneously. Time of administration averaged 86 seconds, with a median of eleven questions.

Results: The C-SSRS identified six participants triggering suicide alerts. One in the early-career category and five in the late-career category. The CAT-SS identified one participant as high-risk and 33 participants for suicidality. One participant in the early-career category.