

and regional pediatric transfer centers were assessed. Overall situational awareness was tracked.

The exercise format was incident occurrence and notifications by normal channels and a Zoom conference call held on day one. Situational awareness and patient movement occurred in multiple Zoom rooms on day two. An after-exercise review occurred by Zoom on day three including all participants from the exercise.

Results: There was generally good information flow within states, but minimal information exchange across states. There was poor regional situational awareness with a lack of complete patient lists and transfers. The Mountain Plains RDHRS planned to exceed the hospital's patient capacities with a large number of pediatric patients to practice patient movement across state lines. Instead the hospitals showed a surprising willingness to keep and manage critical pediatric patients instead of transferring to tertiary care pediatric centers. This was identified as a consequence of the COVID-19 experience.

Conclusion: Web-based exercises vertically spanning responses from individual hospitals to multi-state regional entities are feasible. This exercise demonstrated multiple gaps in regional disaster response.

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Public Conformism with Health Regulation is Crumbling as COVID-19 Becomes a Chronic Threat – A Cohort Study

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Introduction: Three years into the COVID-19 pandemic, experience and studies have shown that public behavior significantly contributes to the disease spread increase or reduction. As the pandemic becomes a chronic threat, maintaining public trust to comply with health regulations proves challenging as people develop pandemic fatigue. This study aims to analyze the long-term trends in public attitudes toward the COVID-19 pandemic and compliance with health regulations.

Method: A longitudinal cohort study was performed from February 2020 until January 2022, collecting data from nationally representative samples (N=2,568) of the adult population in Israel. Data Collection was timed with the first five morbidity waves of the COVID-19 pandemic. We examined public trust in Israeli health regulations, public panic, worry, and compliance with health regulations, particularly self-quarantine.

Results: The data shows that public trust in health regulations in January 2022 is at an all-time low (25%) compared to the maximum value measured in March 2020 (~75%). The perceived worry from COVID-19 is steadily declining, whereas the perception of public panic is increasing as the pandemic progresses into a chronic threat. While public compliance with self-quarantine was reported to be close to 100% in the early stages of the pandemic, it has dropped to 38% in early 2022, mainly when compensation for lost wages is not offered. Regression analysis suggests that trust is a significant predictor of compliance with health regulations.

Conclusion: The findings, spanning more than two years of the pandemic, highlight the importance of maintaining public trust as a significant driver of public compliance with health regulations. The "fifth wave" of the pandemic resulted in an all-time low in public trust. The Israeli public, usually highly compliant, shows signs of crumbling conformity. Decision-makers ought to consider means to foster public trust.

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Response to Mass-Casualty Incidents and Outbreaks: A Prehospital Disaster Training Package Developed for the National Emergency Medical Service in Sierra Leone

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Introduction: In 2018 Sierra Leone, a country highly prone to disasters, launched its first National Emergency Medical Service (NEMS) aiming to strengthen the provision of essential health services to the population with the long-term goal of creating a resilient health system able to effectively respond to and recover from emergencies. The Center for Research and Training in Disaster Medicine, Humanitarian Aid, and Global Health (CRIMEDIM), together with the Italian NGO Doctors with Africa (CUAMM), under the supervision of the Ministry of Health and Sanitation (MoHS), developed a prehospital Disaster Training Package (DTP) delivered to all NEMS personnel to boost the prehospital management of mass-casualty incidents (MCIs) and outbreaks.

Method: The DTP was designed following the six-step approach to curriculum and training development with the ultimate goal of creating a workforce comprising qualified emergency responders with specific professional competencies to respond to outbreaks and MCIs. The DTP included a first phase in which NEMS local trainers underwent a training-of-trainers (ToT) course, enabling them to deliver cascade trainings to 16 district ambulance supervisors, 441 paramedics, 441 ambulance drivers, and 36 operators working in the NEMS operation center.

Results: Starting on July 19, 2021, the ToT course was delivered to the seven national trainers. All trainers successfully passed the final examination and achieved high scores in the practical sessions, demonstrating active participation, commitment to the project, and good awareness. Following the ToT course, the series of cascade trainings started on August 2, 2021, delivered by the just-trained national trainers under the direct supervision of the two training managers.

Conclusion: The NEMS' DTP is the very first Disaster Medicine training course delivered to prehospital healthcare providers in Sierra Leone. The authors believe that the