utilizing and maintaining ships during peacetime, and 3) establishing access to ships that are unable to dock at a port.
Conclusion: Hospital ships in Japan are considered to utilize existing vessels rather than building new ones. However, there are unresolved issues, such as how to operate the ships during disasters, the cost of maintenance, and transporting patients from land.

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Assessing Local Community Resilience Through Co-design Processes by an Australian Primary Health Network

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Introduction: The Sydney North Health Network (SNHN) covers an area of 350 square miles in Eastern Australia. It is one of 31 Primary Health Networks (PHNs) across Australia. The purpose of PHNs is to improve access to primary healthcare particularly those at risk of poor health outcomes. During disasters these vulnerable groups may be even more disadvantaged. As part of SNHN's role in enhancing the wellbeing, resilience, and preparedness of communities and primary healthcare providers during disasters, SNHN is focusing on recovery and resilience initiatives that build on local strengths, while addressing challenges.
Method: The aim of this community engagement research was to determine the impact of recent extreme weather events on the community, and identify strategies to improve wellbeing, resilience and preparedness. The research was approached through a co-design process to explore assets, strengths and vulnerabilities within vulnerable community members during disasters, and to ascertain their perspective on their needs during disasters. SNHN funded a well-established local community organization to conduct surveys and focus groups with the SNHN community to inform future community-led programs to support individuals and communities in disasters.
Results: Participants considered impacts on mental and physical health, children, the environment, and property as key challenges. Equally, they acknowledged they didn't start as a "blank slate", but came to the disaster with considerable individual and community strengths and assets, that enabled their resilience, including numerous resources to support social capital. Person-centered, community-inclusive planning, preparedness, and connectedness was seen as key solution.
Conclusion: In order to promote and enhance the wellbeing, resilience, and preparedness of communities and primary healthcare providers, successful recovery and resilience initiatives should build on local strengths, while addressing challenges. Individuals and communities should be integral in designing programs to build their local resilience and wellbeing, as they know their attributes and strengths, and their needs.

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Assessing the Preparedness for a Cyanide Poisoning Mass Casualty Incident in Brooklyn

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Introduction: Urban communities are under constant threat of numerous potential disasters, including cyanide exposure events. Exposure can occur in settings such as structure fires, industrial accidents, or even intentional acts of terrorism. The typical treatment modality for cyanide toxicity employs the antidote, hydroxocobalamin. While studies regarding antidote availability have been conducted in Korea and Hong Kong, a literature search did not reveal any such studies in any part of New York City.

The borough of Brooklyn has a population of 2.57 million people. In the setting of a mass casualty incident (MCI) involving cyanide toxicity, such as a large structural fire or a chemical attack, it is uncertain of the region's capability to provide hydroxocobalamin. The objective of this study is to assess the stockpile of hydroxocobalamin across acute care hospitals in Brooklyn.

The amount of hydroxocobalamin required to treat a cyanide-related MCI was based on recommendations from the 2018 US Expert Consensus Guidelines for Stockpiling Antidotes. Ten grams of hydroxocobalamin are needed for each 100-kg patient. Theoretically, a minimum of 50 grams of hydroxocobalamin would be required for a mass casualty incident (5 patients).
Method: Fifteen acute care hospitals within Brooklyn were identified as potential treatment sites for cyanide exposure. Each site's emergency manager was sent a survey identifying hydroxocobalamin availability in both their pharmacy and their emergency department.
Results: All 15 hospitals responded to the survey. Two of the 15 hospitals had at least 50g of hydroxocobalamin in their inventory, however, no hospital had 50g stored in their emergency department. The median amount of hydroxocobalamin stored was 20g or two doses.
Conclusion: Should a mass casualty incident involving cyanide exposure occur, only two hospitals in the borough of Brooklyn would be prepared to treat five or more patients presenting to their hospital.

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Worldwide Impact of COVID-19 on Frontline Pharmacists' Roles and Services: INSPIRE International Questionnaire

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