

specialists. Theoretical training made progression in means and percentage good answers (post-test 1 vs. pré-test :  $9.5 \pm 3.3$  vs  $6.9 \pm 2$  ;  $p=0.008$  et 22 vs. 10% ;  $p=0,001$  respectively). Progression of means after simulation was noticed (2nd session vs. 1st session) ( $16.3 \pm 0.9$  vs.  $12.3 \pm 2.5$  ;  $p < 0.001$ ). Simulation enhanced significant quality of handover. Means and percentage of good answers in tests was better after simulation sessions (post-test 2 vs. post-test 1 vs. pre-test :  $10.7 \pm 2.8$  vs.  $9.5 \pm 3.3$  vs.  $6.9 \pm 2$  ;  $p=0.01$  et 29% vs. 22% vs. 10% ;  $p < 0.001$  respectively).

**Conclusion:** Our study showed the utility of simulation in enhancing handover between pre-hospital and intra-hospital physicians. Simulation as an active learning method, combined with theoretical training, can improve knowledge and enhance skills.

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### Preparing Hospitals for CBRN Emergencies in Israel—A Review

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**Introduction:** The mission of the medical department in the Home Front Command is to support the preparedness of Israel's health system for emergencies, both in day-to-day routine and during wartime. This is achieved by practicing emergency scenarios in all general hospitals, including biological, chemical, and radiological mass-casualty events.

**Method:** Implementing an annual drill plan in all general hospitals and practicing emergency scenarios, including non-conventional events such as mass toxicological events and radiological mass casualty events.

**Results:** The presentation describes the hospital radiological and chemical mass casualty event doctrine and the drills performed in hospitals to achieve better preparedness.

**Conclusion:** The drills conducted in the general hospitals in Israel enable better preparation for CBRN emergency scenarios.

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### Identifying Core Competencies for Medical Command and Control Teams Managing Covid-19

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**Introduction:** The Covid-19 pandemic strained most of the world's health care organizations to, and sometimes beyond, their limits. To anticipate, coordinate, mobilize, and prioritize hospital resources, Sweden's health care regions established regional medical command and control teams according to the medical major incident structure. This command structure

was initially developed based on an all-hazards approach focused primarily on sudden mass casualty incidents with a relatively short time frame. Covid-19 management was active for several months with a most intense operations period during the spring of 2020. This study aimed at identifying competence needs by employing a co-creative approach with members of the staff involved in the pandemic management.

**Method:** Data was collected and analyzed using a modified Delphi consensus method. The respondents were subject matter experts serving in the regional medical command and control teams during the COVID-19 pandemic. One workshop was held to gather opinions, which were included as statements in a consensus survey and answered by the participants after the first workshop. A second workshop was held to discuss statements that did not reach initial consensus in the survey and establish final consensus.

**Results:** The consensus agreed statements were sorted into five themes, which constituted the collective agreement of medical command and control core abilities. The five core competence themes were: Situation report, Team organization, Co-operation, Competence management, and Analysis. The consensus agreed statements highlighted competencies needed for creating situation reports, organizing medical command and control teams, effective cross-organization co-operation, decision-making, and medical intelligence analysis.

**Conclusion:** The core competencies of medical command and control identified in the present study can be used to further affirm current learning objectives and to formulate future learning objectives for education and exercises. The evaluation approach could potentially be used as a post-incident review to fine-tune an organization's training plan.

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### Improving Hospital Preparedness for Pediatric Abductions

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**Introduction:** In the United States, 840,000 children are reported missing annually. While no concise data is available on the incidence from healthcare facilities, infant and child abductions and elopement events pose a high risk to infants and hospital staff. Following an update on the missing child and missing infant policy at a tertiary care hospital in New York, the hospital's emergency preparedness team conducted a full-scale hospital drill. The drill included input and participation from administration, nursing, hospital police, and the pediatric department.

**Method:** New updates in the policy which had not been tested before were evaluated during this drill, including plain language verbiage to activate a code, the process of alerting hospital police of the missing pediatric patient, hospital police response, and the response of hospital staff in their work areas. Inpatient pediatric wards, the emergency department, and outpatient clinics were given teaching about the new policy and their responsibilities in the event of a missing child or infant. Evaluators were