

to inform policy and practice. Thus, the aim of this study, as part of a larger project, is to review key international and Australian policies about data on internal displacement due to disasters.

Method: We conducted a desk review of key international policies, such as the Sendai Framework for Disaster Risk Reduction and from the United Nations Office for the Coordination of Humanitarian Affairs (UNOCHA), as well as Australian policies such as the Australian Disaster Preparedness Framework, Emergency Management Arrangements Handbook and even state level emergency legislation/acts and plans to understand the data collection and supports and services provided to those who become displaced due to disasters.

Results: This review found that both international and Australian policies lacked specific focus on internal displacement, despite it being a key issue. While international policies and procedures in low income countries exist, in particular where the international humanitarian system is operational, this review found that Australia lacked specific focus on internal displacement.

Conclusion: Data on displacement due to disasters, including the number of people displaced, and the patterns of their displacement is critical to inform better policies on prevention, emergency planning, evacuation response and finally to improve the support that people who are experiencing displacement receive.

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The Growing Needs of Internally Displaced People in High-income Countries: Extending the Scope of Internal Displacement

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Introduction: The concept of disaster related internal displacement is typically seen as something that occurs in low-income countries and is rarely considered in the setting of high-income countries. This leads to a paucity of data to support contextually appropriate best practices to address displacement. This research, funded by the Australian government, explores the lived experiences of those faced with forced displacement from disasters in high-income countries and aims to improve outcomes for this vulnerable cohort.

Method: The first phase of the research, guided by a broad-based Steering Group, included a rapid literature review and thematic analysis of peer-reviewed literature of disaster related, internal displacement in high-income countries, including Australia.

Results: The peer reviewed literature review identified only 12 papers that met the inclusion criteria. The literature from Australia and other developed countries indicated that internal

displacement is a prominent feature of disaster impacts and that needs are complex, dynamic and diverse. Common themes of need were revealed: the need for the development of an evolving displacement policy framework to support human rights; the co-creation, coordination and provision of timely and flexible support services, and on-going data collection and sharing. No displacement, specific frameworks, measurable thresholds, or central data registries exist at federal or state government levels in Australia to support these needs.

Conclusion: Inclusive policies, practices, and resources are required in Australia to support assets of displaced people and address their unmet needs in disasters, which also remain largely unmet in other high-income countries. Australia can learn from all countries faced with the challenges of managing displacement and also share its own experiences. Furthermore, it is recommended that WADEM consider extending its current Position Statement relating to Refugees and Internally Displaced Persons to include high-income countries based on the findings of our study and other sources.

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Advancing Delivery of Emergency Care in Honduras: Implementing a Triage System

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Introduction: Overcrowding in the Emergency Room (ER) is a worldwide phenomenon affecting healthcare professionals' ability to apply life-saving interventions to critically wounded and sick patients. Implementing a routine triage system allows the early recognition and treatment of critical conditions such as polytrauma, difficulty in breathing, shock, and altered mental status. Furthermore, a triage system allows the prioritization of patients and the delivery of timely care. We describe the improvements in patient care for the critically ill through the implementation of a triage system in Hospital Escuela (HE), a 1306-bed, academic, tertiary care hospital in Honduras

Method: Demographic data was recovered through paper triage forms from January 2020 until December 2021. From January 2022 to June 2022, the data was primarily recovered from digital triage forms. The data was consolidated, analyzed, and interpreted using Microsoft Excel.

Results: During the thirty-month period, there were 161,848 triage consults, with 2.7% being critically wounded and sick patients, classified "red" according to the triage system. Most cases were triaged as yellow (53%), followed by green (23.6%), and then orange (15.8%). Some triage forms (5%)