

Introduction: The Covid-19 pandemic strained health care organizations to their limits, and sometimes beyond. Different countries took different approaches to minimize the effects of the pandemic, both to protect public health and to safeguard the capability of the health care system.

A collaborative project between Sweden and Bosnia-Herzegovina with the aim to share and learn from experiences of managing the COVID-19 pandemic from a medical command and control perspective, initiated in 2021.

The project departed from three theoretical stances: socio-technical systems perspective, experiential learning theory, and organizational learning theory. Framing the problem using a holistic systems approach, compared to focusing on individual experts, allows for understanding interactions on a system level. Hence, could these theories contribute to supporting individuals' learning and organizational change?

Method: A two-day workshop involving participants from both Swedish and Bosnian (N=21) medical command and control allowed for the exchange of experiences and another's perspective on similar challenges. During the workshop, two themes were addressed: common operational picture and evaluation. First, an introductory presentation was held, then the theme was discussed and reflected upon in small groups. After this, the groups presented their conclusions, and a full group discussion was moderated.

Results: The discussions resulted in participants sharing perspectives on the selected themes, providing personal insights and experience, allowing for deepened and increased understanding of the theme. In spite of major differences between the Swedish and the Bosnian health care systems and Covid-19 approaches, several shared conclusions were identified. For example, reflections on decision processes and strategies, as well as interest in improving the crisis organization.

Conclusion: Exposing participants to different views on well-known processes and challenges allows for reflecting, verbalizing, and reaching a deeper understanding. By displaying a culturally differently organized way of approaching the challenges the contrast is even more evident.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s185–s186
doi:10.1017/S1049023X2300479X

Issues of the Nuclear Disaster Core Facility Through Nuclear Disaster Training

Yoko Okui RN, Chiaki Cyuta RN, Hayato Yoshioka MD, PhD, Takahiro Ueda MD, PhD, Masato Homma MD
Tottori University Hospital Critical Care Medicine and Trauma, Yonago, Japan

Introduction: In addition to national nuclear disaster training, local training is conducted once a year to identify issues with training.

Method: The facility is located in the urgent protective action planning zone (UPZ), an exposure medical facility was built in 2015 and has conducted four trainings so far. The fifth training was conducted this time to develop human resources (training), manage equipment and materials, receive medical teams, collaborate with the Advanced Radiation Medical Support Center, review manuals, and inform local residents.

Results: There are currently eleven nurses registered as nuclear disaster response nurses at the facility, and two nurses participate in the national nuclear disaster training program each year. On the other hand, unlike physicians and other professionals, the number of nurses enrolled for reasons such as relocation has not increased. The facility also functions as a core hospital in the event of a disaster, and currently has about 30 nurses who are willing to be dispatched in the event of a disaster. It was found that even in core facilities for nuclear disaster response, awareness of nuclear disasters within the facilities is low and few personnel are willing to work there. Previous studies have shown that they are anxious about radiation, the possibility of late effects from low-dose exposure, and concerns about the genetic effects of exposure and its effects on themselves in nursing.

Conclusion: As a core facility for nuclear disasters, issues were reported on and identified through training, such as human resource development, management of materials and equipment, and review of manuals.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s186
doi:10.1017/S1049023X23004806

Patient Factors which Lead to Disagreement in Triage Decisions

Stephen Simon DO, MS¹, Attila Hertelendy PhD^{1,2}, Alexander Hart MD^{1,3}, Ciottona Gregory MD¹

1. BIDMC Disaster Medicine Fellowship, Harvard Medical School, Boston, USA
2. Department of Information Systems and Business Analytics, College of Business, & Herbert Wertheim College of Medicine, Florida International University, Miami, USA
3. University of Connecticut School of Medicine, Farmington, USA

Introduction: Multiple triage algorithms have been proposed to optimize the allocation of medical resources in mass casualty incidents. Despite attempts at standardization, first responders often assign patients to triage categories that deviate from those prescribed by these algorithms. This study seeks to understand what patient level factors cause these deviations, and identify clinical factors which cause variance toward over or under triage. Rather than evaluate these decisions against a gold standard, we instead seek to identify patients that cause controversy among first responders with respect to their choices.

Method: This will be an online survey distributed to EMT and Paramedic students in the US. They will be provided with fifty patient cards containing a clinical vignette including description of injuries and vital signs. For each vignette, they will select a triage category (Red, Yellow, Green, or Black.) We will analyze responses to identify areas of controversy, where triage classification showed a significant split between respondents. We can then evaluate these patients for clinical trends.

Results: Data collection and analysis are planned for completion by March 30, 2023.

Conclusion: Identifying patient-level characteristics that contribute to triage variance can allow emergency managers to anticipate under-triage and over-triage following an MCI. This can aid emergency providers as they plan to receive an influx of patients. It also addresses the sub-cognitive biases that