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**Introduction:** Road tunnel systems are becoming increasingly complex. Regardless of incident, the confined nature of the road tunnel impairs responding emergency services accessibility, with a risk for delay in treatment of time-sensitive injuries such as pneumothorax or internal hemorrhage. Consequently, the need for rapid decision-making by the emergency services commanders is increased. However, in Sweden ambulance commanders lack experience and training in managing road tunnel incidents. This may further delay the medical response.

The aim is to investigate if the ambulance commander decision-making in simulated road tunnel incidents may be improved by a specific road tunnel incident e-learning course. **Method:** A web-based intervention study was performed with 20 participants; 10 participants in the intervention and control group, respectively. The control group received a pre-recorded general lecture on incident management. The intervention group received a specific road tunnel incident e-learning course, consisting of five interactive modules with learning materials (e.g. road tunnel structures, collaboration and safety). All participants participated in web-based simulations of major road tunnel incidents at one and six months post-intervention. In these simulations, participants acted as ambulance commanders and decided on the best course of action in 15 dissimilar and multiple choice-based management decisions. For each decision, time and choice of decision were recorded as outcome measurements.

**Results:** Preliminary analysis from the one-month follow up simulation indicates that none of the participants decided to enter the road tunnel system at the early stage of the incident. The motivation for the participants decision-making was not clear.

**Conclusion:** The cautiousness to enter the road tunnel system will impair the emergency medical services response, including delaying vital medical care. Further research into the reasoning behind this decision is needed and identified causes may be further addressed in updated educational materials and collaborative discussions.

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### Disaster Training—How Much Educational Impact Does it Really Have?

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**Introduction:** In Singapore, disaster training and preparation are taken seriously. Many exercises and training sessions have been planned and run yearly with the hope of being able to respond effectively to an emergent disaster. This presentation aims to evaluate the effectiveness of our training programs to determine if the learner participants are equipped to manage disasters when they happen based on their learning objectives.

**Method:** The disaster training programs that Singapore General Hospital participates in, both nationally and internally, were analyzed based on Bloom's taxonomy for educational objectives. At the lowest level, the learner demonstrates the ability to remember the facts that he learned, followed by understanding the concepts, applying the information, analyzing the learning undertaken, evaluating his performance, and creating new methods to learn or train to improve his performance.

**Results:** Based on the analysis of the various exercises and training sessions, most learning objectives are pegged to the remembering to application levels (90%) while very few participants, especially the instructors and evaluators (<10%) may achieve learning objectives of being able to analyze and evaluate the training sessions. As disaster training involves multiple inter-professional teams there is also a risk of rapidly diminishing retention of knowledge and skills over time because of the high turnover of manpower especially from residents and medical officers who are attached to the departments for a few months.

**Conclusion:** There is room for more targeted disaster training aimed at more participants and with learning objectives determined at the higher level of Bloom's taxonomy, at least to achieve the ability to analyze and evaluate one's performance for improvement. Creating opportunities for more participants to be able to do that would be a challenge.

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### Lodgers, Boarders, Trolley Patients; A Growing Challenge in Emergency Departments (ED). Zero Tolerance for Trolleys or Zero Tolerance for Zero Trolleys; A Crude Examination of Progressive Capacity Issues in an Irish Emergency Department.

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**Introduction:** The Health Information and Quality Authority (HIQA) Tallaght Report of 2012 found care of lodged admitted patients on ED trolleys was undermined in terms of quality and safety. HIQA advised the practice of lodging in ED adjacent hospital corridors should be discontinued entirely. This message was reiterated during the pandemic. Some lodged patients may spend the total duration of their admission on an ED trolley. ED has 15 Adult rooms, seven pediatric rooms, two minor injury rooms, one procedure room and two resus bays. The aim was to calculate the annual number of days when no admitted patients were lodged on trolleys in ED.

**Method:** A descriptive study using data available from nationally issued reports on patients allocated to trolleys to the ED of Wexford General Hospital from January 2019–September