

Coalition (NPDC) was established to advocate for enhanced pediatric disaster preparedness, and advance community healthcare preparedness, mitigation, response, and recovery for infants, children, and families in disasters.

Results: The NPDC consists of subject matter experts, national advisory committees, commissions, agencies, and organizations. It utilizes pediatric SME knowledge to help plan for the allocation of appropriate and essential resources to address pediatric specific needs in disasters. It serves as an information clearinghouse on pediatric disaster preparedness informed by real events, research and evolving best practice. The NPDC disseminates information through organizing and participating in conferences, and web-based training.

Conclusion: Based on the special needs of children in disasters, the NPDC assessed current gaps and has established an effective advocacy and information sharing platform to match resources to pediatric needs during disasters. The NPDC can serve as a model for addressing gaps in the special needs of children and their families during disasters.

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Improving Physician Response and Recall When Activated for Mass Casualty Incidents

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Introduction: Mass casualty incidents (MCI) overwhelm existing resources in the emergency department. The existing method to recall staff in an MCI is text notification through the hospital call center. This study aims to assess the effectiveness of a novel method to recall senior emergency physicians during an MCI.

Method: For this method, upon notification of a MCI, the senior physician on duty will start call tree activation based on four different senior physician job grades. He/she will call the first physician for each grade, who takes over calling and activating the remaining physicians in the same grade with a maximum of two attempts. Each physician receiving the activation call then texts an acknowledgement and estimated time of arrival at the department in the group chat. An unannounced, simulated MCI event was conducted at 02:00 and 14:00 on a weekday. Effectiveness was determined by the proportion of senior physicians available within 60 minutes of activation.

Results: For the 02:00 activation, three of the 25 senior physicians were on clinical duty in the hospital while nine were contactable within 15 minutes and thirteen after 30 minutes. Eleven were able to return to the hospital in 60 minutes or less and one beyond 60 minutes. Nine were local but unable to return and one was overseas.

For the 14:00 activation, four of the 25 senior physicians were on clinical duty in the hospital while 15 were contactable within 15 minutes and six after 30 minutes. Nine were able to return to the hospital in 60 minutes or less and four beyond 60 minutes. Three were local but unable to return and five were overseas.

Conclusion: This method can achieve rapid manpower augmentation with more than half the staff present in the hospital within 60 minutes. Drills involving physical recall should be performed to further test this workflow.

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Assessment of Disaster Preparedness Levels of Emergency Department Physicians in Kuwait

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Introduction: Global disasters have increased over the last century, with growing numbers of people affected. In the Middle East and North Africa, natural disasters have tripled since the 1980s. Education and training for disaster preparedness for healthcare providers can help reduce vulnerability to disasters by improving their knowledge and response effectiveness. Physicians working in the emergency department are integral members of the response to those incidents. Currently, no studies describe how much training or experience in disaster preparedness exists for physicians working in the emergency departments in Kuwait. However, comparable studies in different regions have illustrated the importance of researching this field. This paper aims to assess the disaster preparedness levels of emergency department physicians in Kuwait.

Method: An online survey will be sent to the physicians working in the emergency departments of the seven general hospitals in Kuwait. This survey consists of four domains:

- 1) Demographics: personal and professional characteristics of participants.
- 2) Education and training: exploring the involvement of participants in prior formal training courses or exercises in disaster preparedness.
- 3) Experience: assessing the involvement of participants in the mitigation or response to previous disasters.
- 4) Knowledge and perception: participant awareness of local hospital plans and systems as well as their attitudes and opinions about disaster preparedness.

Results: Data collection and analysis are planned for completion by March 31, 2023.

Conclusion: The needs assessment is essential to developing educational curriculums for any discipline. In disaster medicine, tailoring the training curriculum is especially important because learners might not have experience in the field due to the high acuity and low frequency of disasters. The results can be used to develop a roadmap for Emergency Physician training in disaster preparedness in Kuwait. In addition, the approach adopted in this paper can be used to assess further disciplines for disaster preparedness.

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