

(1,2%) resulting in a patient presentation rate of 0.28/1,000. In total eight patients were transported to hospital for further diagnosis and treatment (ambulance transfer rate: 0.02/1,000).

Conclusion: In-event health services for this event proved adequate according to the number of attendees and the severity of the patients. No hospital reported disruptions to their standard operational capacity.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s146–s147

doi:10.1017/S1049023X23003837

Emergency Management Risks in MEM Region South—An Operational Perspective

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Introduction: Distilling from the National Risk Assessment for Ireland, the Regional Working Group for Major Emergency Management Region South (Cork and Kerry) assessed threats in the region and 22 hazards were identified which were distributed over the natural, transportation, technological and civil categories. The hazards were plotted on an Interagency (Health, Police and Local Authority) Emergency Management Risk Matrix

Method: A three-hour 'Introduction to Emergency Management' educational program was developed in May 2022 with the aim of introducing frontline members of the Principal Response Agencies (Health, Police and Local Authority) across the Cork and Kerry region to the concept of emergency management. As part of this educational session, participants (N = 55) were given an overview of the regional risks as identified through the risk assessment process by the Regional Working Group for Major Emergency Management. As part of a breakout session, course participants were asked to identify their perspective on 'worst case scenario' risks.

Results: An analysis of the operational risks identified by members of the Principal Response Agencies (Police, Health and Local Authority) were categorized into the four risk sub-headings: natural, civil, technical and transport and compared with the strategic regional risk assessment. The differences identified based on the comparative analysis, detailed that those holding operational portfolios identified that concurrent risks, as evidenced during the Cyberattack on the Health Service Executive in May 2021 during a wave of the global pandemic in Ireland were a perceived 'greater' risk than those traditional risks identified in the regional risk assessment.

Conclusion: This study highlights the importance of engaging operational staff when developing regional emergency management risk assessments. The requirement to consider and incorporate concurrent emergency management risks is vital to ensure that the Cork and Kerry regions are prepared for future events.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s147

doi:10.1017/S1049023X23003849

Comparison of Public Health IT Reporting Capabilities Between a Large Network Hospital and Small Independent Hospital During Disaster Response

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Introduction: Management of outbreaks rely on hospitals' health information technology (IT) to electronically share data to public health systems. Studies show that half of non-federal hospitals reported a lack of capacity to exchange information with public health agencies, placing a variable burden on institutions to meet the government mandated reporting requirements. This study aims to contrast the impact of COVID-19 reporting requirements across two New York City institutions with disparate health IT capabilities.

Method: A retrospective, qualitative study contrasting the impact of reporting requirements on a small independent hospital (SIH) with 198 staffed beds and a large, networked hospital (LNH) with eleven campuses during the COVID-19 pandemic. Researchers conducted 51 interviews with hospital leadership, clinical directors, and infection control personnel. Interviews were transcribed and coded using qualitative analysis software.

Results: The LNH had a 50-person analytic team that handled reporting tasks, a centralized data warehouse that was automatically updated, electronically generated reports with universal access, and limited burden of clinical staff. The SIH had no dedicated analytic team. Seventeen departments were utilized to handle reporting tasks with no centralized place to share electronic data, limited capacity to create automatically updated reports, a daily manual information gathering processes, and significant need of clinical staff to collect data. Both SIH and LNH faced challenges associated with the distribution of responsibilities and resources with pressure to report in a timely fashion. However, the burden on the SIH was so onerous that it significantly impeded routine hospital work and patient care.

Conclusion: The disparity in health IT capabilities highlights significant institutional inequities and variability in response during a pandemic. The findings have implications for how government and other regulatory bodies may adjust policies to equitably meet public health needs and not unfairly burden small hospitals.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s147

doi:10.1017/S1049023X23003850

NO FEAR Project—Re-thinking Scene Security

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Introduction: The NO FEAR project is dealing with operational aspects of the response to security-related incidents. Recent attacks globally demonstrate the complexity of the