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Introduction: Pharmacists have been recognized as essential healthcare professionals during the COVID-19 pandemic. However, evidence of the challenges that were faced by the profession and the way pharmacists adapted their roles throughout the pandemic are largely unknown. This study aimed to describe the impact of COVID-19 on pharmacy practice around the world.

Method: A cross-sectional online questionnaire with pharmacists who provided direct patient care during the pandemic. Pharmacists were recruited through social media with assistance from national/international pharmacy organizations. The questionnaire was divided into three sections; 1) demographics, 2) pharmacists' roles/services during the pandemic, and 3) practice challenges. The questionnaire was adapted from the established, piloted, and published INSPIRE Canadian Survey. The data were analyzed using SPSS 28. Descriptive statistics were used to report frequencies and percentages.

Results: A total of 505 pharmacists practicing in 25 countries consented and completed the questionnaire. Only 26.4% (132/500) of participants were engaged with local disaster and public health agencies during the pandemic to coordinate pandemic response. The most common role that pharmacists undertook was responding to drug information requests (89.4%, 448/501), followed by allaying patients' fears/anxieties about COVID-19 (82.7%, 413/499), educating the public on reducing the spread of COVID-19 (81.3%, 409/503), and addressing misinformation on COVID-19 treatments/vaccinations (79.1%, 397/502). The most common services provided by pharmacists were performing medication reviews (78.5%, 391/498) and managing and/or monitoring patients' chronic diseases (72.3%, 362/501). Almost half of the participants reported administering COVID-19 vaccines (44.9%, 225/501). The most common challenge that pharmacists encountered was increased stress level (82.2%, 415/505), followed by medication shortages (72.3%, 360/505).

Conclusion: Despite the unprecedented nature of the COVID-19 pandemic and the various challenges associated with it, pharmacists around the world adapted their roles and services to continue to meet the needs of their patients and be their safe-haven for ongoing care.

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Societal Disruption as a Disaster

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Introduction: This research aims to review the impact of drug addiction, domestic violence and suicide in Australia through the lens of disaster risk reduction. This study explores whether drug addiction, domestic violence and suicide can be considered as disasters according to established thresholds and definitions;

and whether contemporary health emergency and disaster risk management (HEDRM) practice can be adapted to support action to reduce the impact of these events and inform disaster risk reduction.

Method: A literature review was conducted to explore drug addiction, domestic violence and suicide as societal disruptions causing disasters. Key Australian government reports describing deaths associated with suicide, domestic violence and drug addiction were identified, following which a constrained snowball sampling was applied to the bibliography of each document to gather further key articles and inform the evolution of the impact of these themes in Australia over the period 2000–2018. The search strategy included both peer reviewed and grey literature. We used the search terms 'social disruption', 'non-traditional', 'drug addiction', 'domestic violence', 'suicide' and 'societal disruption' as key words and included articles if they demonstrated an analysis of the theme related to health impact related to disaster settings.

Results: Utilizing the Australian Disaster Resilience Knowledge Hub and the international CRED criteria for a disaster, the impact on human health of drug addiction, domestic violence, and suicide upon the Australian population each meet the criteria of a disaster.

Conclusion: Public health practice through the lens of the determinants of social disruption combined with activities that consider hazards, vulnerability, and exposure, can institute prevention, preparedness, response, and recovery programs to reduce the impact of drug addiction, domestic violence, and suicide.

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Which Ethical Principles Guided the Ethical Decision During the COVID-19 Pandemic in the UK, Ireland, and the US? Findings from a Qualitative Systematic Reviews

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Introduction: With the Covid-19 pandemic impacting the world at such a quick rate and with many unknown variables and dangers, there was an immediate need for ethical guidance to ensure those in many different healthcare settings such as researchers and other professionals could perform ethically in this new and complex situation. This study aims to take existing research on those ethical guidance documents in the UK/Ireland and compare them with those from the United States. **Method:** This study used a qualitative systematic review methodology with thematic synthesis to analyze the included ethics-related guidance documents, as defined in this review, published in the UK and Ireland between March 2020 and March 2022. The search included a general search in Google Scholar and a targeted search on the websites of the relevant professional bodies and public health authorities in the three countries. The ethical principles in these documents were analyzed using the constant comparative method (CCM).



Results: In the UK and ROI review, 44 guidance documents met the inclusion and exclusion criteria, and 11 main ethical principles were identified, which were then categorized under two main themes: respect and duty. The 11 main ethical principles were: fairness, honesty, minimizing harm, proportionality, responsibility, autonomy, respect, informed decision-making, community, the duty of care and reciprocity.

In the US review, 270 documents were found from searching several public health United States government bodies. Of these documents, 50 were deemed to be Covid-19 ethical guidance, each ethical principle was tallied from every document and compared with the results from the UK/Ireland study.

Conclusion: There were remarkable similarities in some ethical principles prioritized in the Covid-19 pandemic ethical guidelines across the Atlantic Ocean. However, there were differences in the interpretations and frequencies in which these principles were used across different regions.

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Investigating the Natural Disaster Preparedness of Hospital Pharmacists Across Four Hospitals in Australia

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Introduction: In a climate where natural disasters are becoming progressively more frequent and severe, there is a greater need for healthcare resilience. Hospital pharmacists are important healthcare responders during disasters, but little is known about how prepared pharmacists are to fill roles in disasters or how prepared pharmacy departments are to support their response. The aim of this study was to determine the disaster preparedness of pharmacists and pharmacy departments in a Metropolitan Health Service in Australia and investigate any relationship between the two.

Method: This research utilized two surveys to determine the individual preparedness of registered pharmacists within the eligible hospitals and the preparedness of pharmacy departments (this information was obtained through the Directors of Pharmacy).

Results: In total, 68 individual pharmacists participated in the study. It was found that individuals were moderately prepared (preparedness score 19.98). Interventions, such as education, improved individual preparedness scores, though these had poor uptake, where only 17.4% (n=12/68) of participants had received disaster education or training. Individual preparedness was unaffected by facility preparedness and provision of comprehensive resources.

The preparedness of hospital pharmacy departments was generally low, where two hospitals were rated as 'somewhat prepared', due to the presence of a mostly comprehensive plan and a moderate engagement in activities that contributed to preparedness. The third hospital was 'poorly prepared', as it did not have a disaster plan and had low engagement in preparedness activities.

Conclusion: This study shows that a substantial improvement in pharmacy preparedness is required to achieve healthcare resilience and quality patient outcomes in disaster aftermath—further reinforcing the need for national and pharmacy-specific guidance, complemented by standardized preparedness interventions such as education and training. There is also a glaring disconnect between the preparedness of pharmacy facilities and their workforce, which demonstrates a culture of disaster preparedness.

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Changing the Scene: Lessons Learned and Actioned into General Practice from Australian Flood Fire Drought & Heat through Primary Health Networks

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Introduction: General Practitioners (GPs) manage the majority of usual healthcare needs in a community. These healthcare needs do not cease in disasters; they increase and expand. However, inclusion of GPs in disaster healthcare systems is only just beginning. Systematic review of the health effects of disasters over days, months, and years, shows the major burden of healthcare needs associated with disasters is within the realm of usual general practice. In Australia, Primary Health Networks (PHNs) represent local GPs in each region. They offer the best option for systematic linkage of GPs to the broader DHM system.

Method: A systematic review of the literature on the health effects of disasters and three qualitative studies reviewing the current experiences, barriers and facilitators to GP involvement in DHM systems were undertaken through a PhD at the Australian National University in 2022. A knowledge to action framework was developed and utilized to provide a systematic strategy to guide efforts to diffuse, disseminate, and implement the research as it emerged, with a focus on sustaining those changes through integration of PHNs into Australian DHM systems.

Results: Integration of GPs, through PHNs, is evolving, through systematic inclusion in planning and policy in local health districts. Over time, evidence-based knowledge of disaster healthcare needs has been incorporated into GP disaster planning and preparedness, and resource development, and utilized by GPs during the recent 2019 Black Summer Bushfires, and East coast Floods.

Conclusion: As our knowledge of the healthcare needs of disasters continues to reflect our increasingly challenging and complex world, the proven benefit of active involvement in holistic, comprehensive continuity of healthcare through General Practice in DHM systems through PHN linkage becomes more urgent.

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