

assisting clinicians in accurately diagnosing patients and excluding other possible causes.

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Improving PET and Reducing Coagulation Sample Requests in ED

Muhammad Bilal MBBS, MRCEM¹, Syed Yousuf TAQVI MBBS¹, Yunitra Nedujchelyn MD¹, T Paul Kelly FRCSI, FFSEM, MMSC, MRCSED¹, Bryce Wickham MBChB, MRCEM, FRCEM, FFSEM¹, Michael S. Molloy FRCEM, FFSEM, FRCSEd, MSc(DM)^{1,2,3}

1. Wexford General Hospital, Wexford, Ireland
2. School of Medicine - UCD, Dublin, Ireland
3. Fellowship in Disaster Medicine - Beth Israel Lahey Health, Boston, USA

Introduction: Front loading tests reduce Patient Experience Time (PET) in Emergency Departments (ED). “Blanket” or “scattergun” approach to test requests results in prolonged PET, increase in laboratory workload with wastage of resources. Coagulation studies are one of the most commonly ordered investigations. Previous to the 2020 audit, it was suggested that 70% of ED coagulation requests were unnecessary not changing management. By establishing local guidelines, we worked to reduce coagulation test requests.

Method: The aim of this study was to assess reduction in coagulation tests following implementation of local guidelines in ED. The coagulation indicator checklist was introduced to ED areas storing coagulation bottles. Presentations, small group education, reminders about clinical indications for appropriate coagulation requests were given to nurses, doctors, and advising about audits of practice. From February 1-14, 2022, nurses and doctors were instructed to send coagulation samples after filling out audit forms for the laboratory indicating the purpose of the request.

Results: Prospective data in February demonstrates a 20% decline in coagulation requests. Only 47% of requests had accompanying coagulation forms filled and the remaining 53% was not filled. In 57% of cases, coagulation samples were requested appropriately, and in 43% there were no indications.

Conclusion: Through microsystem interventions and awareness campaigns, unnecessary coagulation requests can be reduced. By introducing local guidelines, regular training of new doctors and nurses at induction and intervals, clinical practice changes can be embedded. Consideration should be given to specific coagulation request forms stating the indication for the request. The cost of each sample is 2.87 euro. Obtaining 90% compliance with coagulation requests can save approximately 100,000 euros annually.

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Enhancing Severe Weather Planning and Preparedness Across the Health Service Executive South Cork & Kerry Region

Cian O'Brien MPH^{1,2}, David O'Sullivan MSc¹, Mary Rose Fitzgerald MSc¹, Karen Neville PhD², Andrew Pope PhD²

1. Health Service Executive, Cork, Ireland
2. University College Cork, Cork, Ireland

Introduction: According to the Climate Change Advisory Council, Ireland is woefully unprepared for future extreme weather events such as heatwaves, flooding, and coastal surges, which are going to be more extreme and frequent in the future. Met Éireann issued numerous red weather warnings since the inception of the severe weather forecasting system. Storms Ophelia (Ex. Hurricane) and Emma (Snow Storm) proved to be extremely challenging weather events for the Health Service across Ireland.

Method: A comprehensive review of debriefs and lessons identified processes completed across the health system was conducted, in connection with lived experiences of emergency management staff, following Storm Ophelia and Storm Emma.

Results: As part of the emergency management life cycle and an attempt to enhance severe weather preparations, this study lists over 50 actions (development of specific HR policies, creating 4X4 capacity, severe weather preparations sessions, development of service-specific red weather event action cards, development of severe weather care plans for community palliative care and renal dialysis patients, sharing critical health care facilities with Local Authorities for road salting and gritting etc.) that were taken across the Health Service Executive South (Cork and Kerry) to enhance the preparations for severe weather events,

Conclusion:

The frequency and intensity of severe weather events will increase in Ireland over the coming years, as a result, it is essential that healthcare facilities and services have learned from previous severe weather events to ensure that the necessary plans and procedures are in place for future events, ensuring the delivery of safe and effective patient care and staff safety.

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What do you Need to Know to Respond to a Disaster? A Review of Competencies and Skills Needed Among Health Professionals

Anja Westman MD, PhD(c)^{1,2}, Karin Hugelius PhD¹, Lisa Kurland Professor, PhD^{1,2}

1. Faculty of Medicine and Health, Örebro University, Örebro, Sweden
2. Emergency Department, Örebro University Hospital, Örebro, Sweden

Introduction: There is no universal agreement on what competence in disaster medicine is, nor what competences and personal attributes that add value in a medical disaster situation. Some studies suggest that not only technical skills are needed, but also non-technical skills. However, little is known about the actual demands and skills needed to manage a medical disaster situation. Therefore, this scoping review aimed to identify core competencies required for the disaster medicine response.

Method: A scoping review using the Arksey & O'Malley framework (1) was used. Structured searches in the databases PubMed, CINAHL full plus, Web of Science, PsychInfo and Scopus was conducted. Thereafter, data was structured and analyzed. Inclusion criteria were (1) original papers published in English during the last ten years, (2) covering any aspect of competence or skills needed to respond to a disaster situation. (3) Both qualitative and quantitative studies were included. Exclusion criteria were (1) reviews, editorial texts or similar, (2) papers focusing on the care of single patients.

(1) Arksey H, O'Malley L. Scoping Studies: Towards a methodological framework. *Int. J. Social Research Methodology*. 2005;8(1):19-32.

Results: To be presented at the congress.

Conclusion: To be presented at the congress.

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Train the Trainer for Implementing Treatment Guidelines

Sara Ljungqvist RN^{1,2}, Henrik Carlsson RN^{1,2}, Valbona Blaku MD³, Gylxhan Hasani MD⁴, Henrik Lidberg RN^{1,2}, Rubija Hodza-Beganovic MD^{1,5}, Peter Berggren PhD^{1,2}

1. Center for Disaster Medicine and Traumatology, and Department of Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden
2. International Medical Program, Region Östergötland, Linköping, Sweden
3. Qendra e Mjekesise Urgjente, Pristina, Kosovo
4. Qendra e Mjekesise Urgjente, Prizren, Kosovo
5. Faculty of Medicine and Health, Örebro University, Örebro, Sweden

Introduction: A collaborative project between Sweden and Kosovo with the aim to develop treatment guidelines for the ambulance services was undertaken. Firstly, relevant guidelines were identified, then translated, and processed to fit with the Kosovan ambulance service system. The next step was to train instructors in becoming proficient in training colleagues to use the guidelines. A train the trainer approach was chosen as it can be seen as grounded in Kolb's experiential learning theory and Crossan et al. organizational learning theory. Those theories describe how individuals learn and how organizations develop.

Method: This implementation project supported training of local instructors to become proficient in training colleagues in 13 selected treatment guidelines for the ambulance services using scenario training. Initially, Kosovar instructors received directions from Swedish instructors then they observed the Swedish instructors. After this, they took more responsibility for the training. Seven Swedish instructors instructed eight Kosovar instructors for a week where about 100 Kosovan

doctors and nurses were trained in patient assessment and treatment guidelines. The trainees were divided into four parallel groups of 4-5 participants with one Kosovar instructor supported by a Swedish instructor.

Results: After the training week, eight instructors from two different ambulance service centers achieved proficiency in training colleagues in using treatment guidelines. Each Kosovar instructor was involved in 30 training occasions.

Conclusion: The training resulted in the involved Kosovar ambulance service centers being able to train new colleagues in providing standardized patient assessment and treatment using treatment guidelines. In addition, the trained Kosovar instructors will be able to contribute to the development of new guidelines and revision of established guidelines.

Applying a train the trainer approach, theoretically grounded in learning theories, provides a sound basis to achieve systematic change for improving patient safety. Here, the knowledge distribution among practitioners is improved in an inexpensive manner.

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Efforts at our Emergency Department as a Designated Medical Institution for the Tokyo 2020 Games: How We Prepared for it during COVID-19 Pandemic

Yohei Iwasaki MD¹, Keita Nakatsutsumi MD, PhD¹, Toshiyuki Ohara MD, PhD², Nagisa Kato¹, Yutaka Ueki MD, PhD¹, Yasuhiro Otomo MD, PhD¹

1. Trauma and Acute Critical Care Center, Tokyo Medical and Dental University Hospital, Tokyo, Japan
2. Clinical Center for Sports Medicine, Tokyo Medical and Dental University Hospital, Tokyo, Japan

Introduction: The Tokyo 2020 Games were held without spectators in the fifth wave of the COVID-19 pandemic after one-year postponement. From all over the world, approximately 11,000 Olympians and 4,400 Paralympians participated in the games. As one of the designated medical institutions, Tokyo Medical and Dental University Hospital provided emergency medical care for the personnel referred by medical staff at the venues or the Olympic Village clinics. On the other hand, it played a central role in treatment and care for COVID-19 patients in the Tokyo metropolitan area. The aim of this study was to review the emergency medical care system of the hospital as a designated hospital for the Tokyo 2020 Games and discuss the measures for future large-scale international events.

Method: A retrospective analysis of persons involved in the Games who visited our emergency department by request was conducted. COVID-19 patients who were admitted were also analyzed. The study period was from July 13 to August 11 for the Olympics and from August 17 to September 11 for the Paralympics, respectively in 2021. The data was derived from electronic health records from the hospital.

Results: The total number of ED visits was 38 during the period. One patient was hospitalized, and another patient was transferred. Twenty-one (55%) were athletes, seven (18%) were staff members, and ten (26%) were others. The reason for the visit was medical disease in 23 (61%) and surgical