

and regional pediatric transfer centers were assessed. Overall situational awareness was tracked.

The exercise format was incident occurrence and notifications by normal channels and a Zoom conference call held on day one. Situational awareness and patient movement occurred in multiple Zoom rooms on day two. An after-exercise review occurred by Zoom on day three including all participants from the exercise.

Results: There was generally good information flow within states, but minimal information exchange across states. There was poor regional situational awareness with a lack of complete patient lists and transfers. The Mountain Plains RDHRS planned to exceed the hospital's patient capacities with a large number of pediatric patients to practice patient movement across state lines. Instead the hospitals showed a surprising willingness to keep and manage critical pediatric patients instead of transferring to tertiary care pediatric centers. This was identified as a consequence of the COVID-19 experience.

Conclusion: Web-based exercises vertically spanning responses from individual hospitals to multi-state regional entities are feasible. This exercise demonstrated multiple gaps in regional disaster response.

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Public Conformism with Health Regulation is Crumbling as COVID-19 Becomes a Chronic Threat – A Cohort Study

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Introduction: Three years into the COVID-19 pandemic, experience and studies have shown that public behavior significantly contributes to the disease spread increase or reduction. As the pandemic becomes a chronic threat, maintaining public trust to comply with health regulations proves challenging as people develop pandemic fatigue. This study aims to analyze the long-term trends in public attitudes toward the COVID-19 pandemic and compliance with health regulations.

Method: A longitudinal cohort study was performed from February 2020 until January 2022, collecting data from nationally representative samples (N=2,568) of the adult population in Israel. Data Collection was timed with the first five morbidity waves of the COVID-19 pandemic. We examined public trust in Israeli health regulations, public panic, worry, and compliance with health regulations, particularly self-quarantine.

Results: The data shows that public trust in health regulations in January 2022 is at an all-time low (25%) compared to the maximum value measured in March 2020 (~75%). The perceived worry from COVID-19 is steadily declining, whereas the perception of public panic is increasing as the pandemic progresses into a chronic threat. While public compliance with self-quarantine was reported to be close to 100% in the early stages of the pandemic, it has dropped to 38% in early 2022, mainly when compensation for lost wages is not offered. Regression analysis suggests that trust is a significant predictor of compliance with health regulations.

Conclusion: The findings, spanning more than two years of the pandemic, highlight the importance of maintaining public trust as a significant driver of public compliance with health regulations. The "fifth wave" of the pandemic resulted in an all-time low in public trust. The Israeli public, usually highly compliant, shows signs of crumbling conformity. Decision-makers ought to consider means to foster public trust.

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Response to Mass-Casualty Incidents and Outbreaks: A Prehospital Disaster Training Package Developed for the National Emergency Medical Service in Sierra Leone

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Introduction: In 2018 Sierra Leone, a country highly prone to disasters, launched its first National Emergency Medical Service (NEMS) aiming to strengthen the provision of essential health services to the population with the long-term goal of creating a resilient health system able to effectively respond to and recover from emergencies. The Center for Research and Training in Disaster Medicine, Humanitarian Aid, and Global Health (CRIMEDIM), together with the Italian NGO Doctors with Africa (CUAMM), under the supervision of the Ministry of Health and Sanitation (MoHS), developed a prehospital Disaster Training Package (DTP) delivered to all NEMS personnel to boost the prehospital management of mass-casualty incidents (MCIs) and outbreaks.

Method: The DTP was designed following the six-step approach to curriculum and training development with the ultimate goal of creating a workforce comprising qualified emergency responders with specific professional competencies to respond to outbreaks and MCIs. The DTP included a first phase in which NEMS local trainers underwent a training-of-trainers (ToT) course, enabling them to deliver cascade trainings to 16 district ambulance supervisors, 441 paramedics, 441 ambulance drivers, and 36 operators working in the NEMS operation center.

Results: Starting on July 19, 2021, the ToT course was delivered to the seven national trainers. All trainers successfully passed the final examination and achieved high scores in the practical sessions, demonstrating active participation, commitment to the project, and good awareness. Following the ToT course, the series of cascade trainings started on August 2, 2021, delivered by the just-trained national trainers under the direct supervision of the two training managers.

Conclusion: The NEMS' DTP is the very first Disaster Medicine training course delivered to prehospital healthcare providers in Sierra Leone. The authors believe that the

provision of the DTP to all NEMS personnel has the potential to improve Disaster Medicine culture among health professionals in the Country.

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Test Characteristics of Stool Color for Predicting Infection with *Vibrio Cholerae* in Patients with Acute Diarrhea

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Introduction: Recurring outbreaks of cholera coupled with lack of laboratory diagnostic capacity in low resource settings fuels clinicians' reliance on clinical case definitions and highlights the importance of accurate diagnostic guidelines. While "rice-water" stool color is the hallmark predictor of cholera, few have examined the diagnostic accuracy of this assessment. This study assesses the sensitivity, specificity and positive and negative predictive value (PPV; NPV) of classifying stool color as "rice", "clear" (i.e. watery) or "rice or clear" stool by either the patient or nurse for diagnosing cholera.

Method: From March 2019–2020, a random sample of patients presenting to the International Centre for Diarrhoeal Diseases Research, Bangladesh with acute diarrhea who had a stool sample obtained were included in this analysis (N=2135).

Results: Of the 1198 (56.1%) of patients that had culture growth, 641 (53.5%) were positive for *Vibrio cholerae*. "Rice" stool was reported by 518 (23.8%) patients and 640 (29.5%) nurses, while "clear" stool was reported by 1081 (49.8%) patients and 353 (16.3%) nurses. When observed by nurses, both "rice" (76%) and "clear" (85%) stool were reasonably specific but not very sensitive for cholera (44% and 20%, respectively). The combined "rice or clear" colored stool had the best balance of sensitivity (65%) and specificity (61%) with a PPV of 42% and NPV of 80%. When reported by patients, "rice" stool had high specificity for cholera (76%) but low sensitivity (25%), while "clear" stool had both poor sensitivity (54%) and specificity (51%).

Conclusion: Current international guidance that recommends classifying watery (clear) stool as cholera in outbreaks may still miss many patients with culture confirmed cholera even when the stool color is observed by trained health professionals and is likely not useful at all self-reported by patients. The combination of "rice or clear" diarrhea may provide somewhat more accurate assessments.

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Creating an International Resource Center for Pandemic and Disaster Nursing Education and Training

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Introduction: Globally, nurses play pivotal roles in epidemic and emergency response. Nurses' actions include supporting and informing surveillance and detection, dispensing live-saving medical countermeasures, implementing prevention and response interventions, providing direct care for patients, educating patients and the public, providing health systems leadership, and counseling community members. Despite these roles, there exist gaps in how countries train and prepare their nursing workforce for these health threats.

Method: To help address this gap, the Johns Hopkins Center for Health Security has developed an International Resource Center for Pandemic and Disaster Nursing. We have established an international working group to provide input on the goals and mission of the center, website development and functionality, and advocacy efforts. This working group has met four times over the course of the last year. We have also met with several organizations involved in nursing and epidemic and disaster preparedness and response, including the World Health Organization and the International Council of Nurses (ICN), to identify ways to align our work with other ongoing efforts.

Results: Presently, we have developed a static website that provides access to evidence-based, open-source trainings and educational resources applicable to pandemic and disaster nursing. The website also provides listings of upcoming webinars, guest blog posts, trainings, and conferences relevant to disaster and pandemic nursing. The website will be launched in early 2023.

Conclusion: The long-term vision for this center is to expand beyond a static website and create a vibrant and fully staffed virtual center. This center would be the first of its kind dedicated to developing the resources, technical assistance, partnerships, and advocacy efforts needed to build and support a global nursing workforce that is prepared for outbreaks and disasters. It would build on the existing wealth of expertise within the working group and forge lasting connections between disaster nurse experts across the globe.

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Hospital Workforce Education and Training for Emergency Management and Disaster Response in Complex Settings.

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Introduction: Understanding how to best prepare hospital staff for disasters or emergencies is critical, as there is increasing