

during these events. To prepare NYC for a large-scale Pediatric Disaster, NYCPDC has worked with an increasing number of providers that initially included only a small number of hospitals and agencies. Through a cooperative team approach, stakeholders now include local public health, emergency management and emergency medical services, 28 hospitals, community-based providers, and the Medical Reserve Corps.

Method: The NYCPDC utilized an inclusive iterative process model whereby a desired plan was achieved by stakeholders reviewing the literature and current practice through repeated discussion and consensus building. NYCPDC used this model in developing a comprehensive regional pediatric disaster plan.

Results: The plan included disaster scene triage (adapted for pediatric use) to transport (with prioritization) to surge and evacuation. Additionally, site-specific plans utilizing guidelines and templates now include Pediatric Long-Term Care Facilities, Hospital Pediatric Departments including Pediatric and Neonatal Intensive Care Services and Outpatient/Urgent Care Centers. A force multiplier course in critical care for non-intensivists has been provided. An extensive Pediatric Exercise program has been used to develop, operationalize and revise plans based on lessons learned. This initially included pediatric tabletop, functional and full-scale exercises at individual hospitals leading to citywide exercises at 13 and subsequently all 28 hospitals caring for children.

Conclusion: The NYCPDC has comprehensively planned for the special needs of children during disasters utilizing a pediatric coalition based regional approach that matches pediatric resources to needs to provide best outcomes.

The NYCPDC has responded to real time events (H1N1, Haiti Earthquake, Superstorm Sandy, Ebola), and participated in local (NYC boroughs and executive leadership) and nationwide coalitions (including the National Pediatric Disaster Coalition). The NYCPDC has had the opportunity to present their Pediatric Disaster Planning and Response efforts at local, national and International conferences.

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Logistics Educational Items Required for Hospital Paramedics to Work in Disaster Medicine Settings.

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Introduction: In Japan, the Disaster Medical Assistance Team (DMAT) is dispatched as an Emergency Medical Team (EMT) in major disasters. DMAT consists of a physician, nurse, and operations coordinators. The operations coordinators include all occupations other than physicians and nurses, and are responsible for activities to facilitate medical treatment, gathering information, establishing communications, and ensuring transportation. Therefore, the operations coordinator must have in-depth knowledge of all aspects. Operations coordinators with this knowledge are qualified as logistics team members in addition to DMAT certification. Paramedics receive pre-graduate training in medical care, transport, and

coordination with other organizations, and many of their daily duties are related to these areas. However, there are few opportunities to learn about logistics. If paramedics are effectively trained in logistics, they are likely to play an active role as operational coordinators. However, logistics covers a wide range of topics, and there are few studies on items that require focused education. Therefore, this study examines the level of understanding of each logistics item among paramedics active in the field of disaster medicine to identify items that should be emphasized.

Method: A questionnaire survey of 36 paramedics was conducted, all of whom hold both DMAT and logistics team certifications, to determine their level of understanding and the importance of each logistics item. The logistics items used in the survey are specified in the Logistics Specialist Certification System of the Japanese Society of Disaster Medicine. The collected questionnaire results were analyzed using SPSS statistical software.

Results: Characteristic trends were obtained in the logistics items required of paramedics. Trends were also analyzed according to the age and work history of paramedics.

Conclusion: The logistics education for paramedics needs to be enhanced in accordance with the trends obtained from the study. Specific studies on the means and timing of education will be needed in the future.

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Emergency Department Attendance Gap during COVID-19 Pandemic: A Comparison of Attendance Trends at Wexford General Hospital from 2014 to 2022

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Introduction: COVID-19 resulted in 1.8 million reported deaths in 2020 and an excess mortality of at least 3,000,000 to date. Following the announcement of emergency measures mandating various public health interventions, international studies demonstrated a decline in ED attendances, potentiating a delay in seeking health services.

The objective was to examine ED attendance trends by age group and to categorize the attendances following the implementation of regulations related to COVID-19.

Method: A single-center retrospective observational study of ED attendances from 2014 to 2022 at Wexford General Hospital, a 225-bed acute general hospital. Monthly attendance