

benchmarks for consistency and quality across military and civilian EMTs. Joint training programs focus on skill development, operational coordination, and cultural competence. Agile strategies for rapid mobilization and joint operational plans are designed. Interoperable systems for effective coordination and resource sharing between EMTs and other rapid response teams are developed.

Results/Outcomes: The approach facilitates more efficient EMT deployments, enhances operational consistency through standardized protocols, builds competent responders through training, improves rapid response capabilities, and optimizes resource utilization through seamless coordination and interoperability.

Conclusion: Leveraging civil-military collaboration can significantly enhance Poland's EMT capabilities. By focusing on policy innovation, standard setting, capacity building, emergency response, and interoperability, Poland can establish a robust and integrated emergency response framework. This vision strengthens national capabilities and sets a precedent for harmonizing civil and military efforts in emergency medical response globally.

Prehosp. Disaster Med. 2025;40(Suppl. S1):s49–s50

doi:10.1017/S1049023X25001359

Recommendations for Improving Civilian-Military Disaster Coordination: A Systematic Review of an International Bio-Disaster Response Utilizing Interoperability Assessment Models

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Background/Introduction: Disasters strain coordination efforts between groups. Interoperability is best assessed while in process, but retrospective analysis can also illuminate problems and identify solutions. COVID-19 created an international public health crisis that required civilian-military response in many locations, creating an opportunity to evaluate interoperability of multiple international systems at a single moment in time confronting a single crisis.

Objectives: This project uses three published interoperability models to identify interoperability activities during the COVID-19 pandemic. That data was then utilized to assess the interoperability effectiveness. The data was also utilized to develop a framework for assessing a group's current interoperability and assist with improvement goals.

Method/Description: Papers on civilian-military interoperability during COVID-19 were identified utilizing a search of medical literature. They were then assessed using three interoperability models: Joint Emergency Services Interoperability Program (JESIP), Organizational Interoperability Maturity Model (OIMM), and the Homeland Security Interoperability Continuum (HSIC).

Results/Outcomes: Of the 48 articles discussing interoperability criteria, the most common coordination criteria were shared situational awareness, joint understanding of risk, and standard operating procedures. The least likely interoperability criteria seen during international civilian-military COVID-19 disaster responses were co-location, preparedness, shared technology, prior training exercises, and previous experience. Utilizing this data, a combined interoperability assessment model was created for organizations to utilize to evaluate and improve their current level of interoperability.

Conclusion: Disaster focused organizations with different cultures yet potential future interactions should perform an initial interoperability self-assessment to determine their current level of coordination. They should then follow the next steps for improving interoperability before the next disaster strikes.

Prehosp. Disaster Med. 2025;40(Suppl. S1):s50

doi:10.1017/S1049023X25001360

EMT2-ITA Regione Piemonte: A Model to Design Specialized Care Teams (SCTs)

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Background/Introduction: The Specialized Care Teams (SCTs) provide additional specialized care supporting an existing local facility or a type 2 or 3 EMTs. The “rescEU EMT” project, funded by European Union, currently under development, aims to become the largest field hospital globally, made of 21 capacities, including EMTs and SCTs. The EMT2-ITA Regione Piemonte is in charge to develop the ICU Truck-based (together with Germany), Portable CT Scan, Dialysis and Oxygen Supply (together with Portugal and Türkiye) SCTs. Even though the WHO is working to publish technical notes for SCTs, at the moment, very few documentation is available.

Objectives: To describe the process of designing SCTs in a multi-national project.

Method/Description: The working group was composed by medical doctors, nurses, engineers, technicians coming from the partner countries of the project. This multidisciplinary and multinational team carried out a 3-phase process: (1) a literature review searching for publications, international and national guidelines, legislations relevant for the SCTs under