

94 (8.9%) in the Americas, and 2 (0.2%) in Oceania. Half of these disasters were explosions (533, 50.6%), 147 (13.9%) were collapses, 143 (13.6%) were fires, 46 (4.4%) were chemical spills, 41 (3.9%) were gas leaks, and 34 (3.2%) were poisonings. There were 6 (0.6%) oil spills and 3 (0.3%) radiation events.

Conclusion: A total of 29,708 deaths and 57,605 injuries were recorded as a result of industrial disasters and they remain a significant contributor to the healthcare risks of both workers and regional communities. The need for specialized emergency response training, the potential devastation of an industrial accident, and the vulnerability of critical infrastructure as terror targets highlight the need to better understand the potential immediate and long-term consequences of such events and to improve healthcare responses in the future.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s72–s73

doi:10.1017/S1049023X23002145

Data Disaster to Disaster Data: Outputs of the Inter-Agency Expert Group Disaster-related Statistics (DRS) Pilot

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Introduction: A Hazard Definition and Classification Review conducted by the UN Office for Disaster Risk Reduction (UNDRR) and International Science Council (ISC) resulted in publication of Hazard Information Profiles (HIPs). The HIPs provide groundwork for developing a statistical framework enabling better understanding of the true burden of hazards globally. Furthermore, standardized data is critical for effective monitoring of the Sendai Framework, Sustainable Development Goals, and Paris Agreement on Climate Change.

Following the publication of the HIPs, governments and National Statistical Offices (NSOs) have been encouraged to review their systems for classifying, monitoring and reporting on disaster risk reduction with the aim to gradually implement the HIPs in databases and reporting systems.

The aim of the pilot is to provide statistical feedback on the applicability of the reviewed hazard classification and its HIPs.

Method: The DRS pilot utilizes mixed-qualitative methods:

- Global stakeholder workshops
- Literature review to understand the gaps and good practice
- Utilizing snowball methodology to cascade a survey to DRS international experts.
- Country-level expert focus-groups.
- In-country pilots (with Low, Middle, and High-income countries).
- Delphi Methodology with expert stakeholders to hone recommendations

Results: 596 responses to the survey from across 38 countries and 90 papers were identified for literature review. Survey initially sent to 120 stakeholders, and snowball methodology increased survey reach, particularly to Global South colleagues. Expert stakeholder and country-level focus groups identified a series of good practices and recommendations enabling step-

change towards a standardized global statistical framework. Delphi methodology to refine recommendations is underway.

Conclusion: The DRS pilot has raised global awareness of the importance of using the HIPs in developing a robust statistical framework with usable disaster-related statistics. This will enable greater accuracy of data contributing to Sendai Framework targets A-D. Results of the pilot being used to inform the Office of National Statistics-UKHSA-Wellcome collaboration on developing Standards for Official Statistics on Climate-Health Interactions in Africa.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s73

doi:10.1017/S1049023X23002157

Transforming Disaster and Emergency Health Policy for Contemporary Hazard Threats—a Multi-country Review

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Introduction: Strengthening national disaster management legislation and policy is critical for preventing and reducing catastrophic health effects from the growing threat of natural hazard disasters. Although evaluations of the effectiveness of legal and policy instruments are rarely published, similar approaches continue to be applied universally by governments to align their response to disaster impacts. This study analyzed and contrasted the effect of disaster legislation and policy on the emergency health and medical response to six complex natural hazard disasters, including typhoon, earthquake, flood, smoke haze, thunderstorm asthma and the COVID-19 pandemic.

Method: The study applied qualitative multi-case study methodology and used a standardized program logic model to synthesize and analyze the effect of national disaster legislation and policy on emergency health and medical responses. Events were case-bounded by date, more than 9,000 casualties, and local emergency responses provided health and medical care.

Results: Four themes emerged critical to health system response. Where legislation and policy provided clear separation of powers, systems delineated roles and responsibilities, provided clarity and process for assessment, resource acquisition, and operational mandates. Policies that created dedicated local networks and included non-health related organizations, accelerated coordination of crucial health functions for rapid mobilization and prioritization for affected populations. In all but one case, the hazard was closely monitored, already affected communities, and catastrophic risk to life understood, before the declaration and statutory powers were invoked.

Conclusion: Using ‘declarations’ as the legal instrument to initiate ‘whole of government’ resources in disasters requires urgent review, especially where advanced hazard monitoring systems exist. Disaster and emergency health policy should support action orientated toward exposure mitigation, inclusion of non-traditional health actors and partnership building. International policy mechanisms are required to address emerging health threats not locally prioritized and advance regional cooperation agreements when the impact of hazards harm populations outside geographic boundaries.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s73

doi:10.1017/S1049023X23002169

