

Introduction: The past three years have included multiple Public Health Emergencies of International Concern (PHEIC) and dramatically impacted all facets of Emergency Medical Response. During this time, simultaneous crises have demonstrated the value of the non-traditional responder in mitigating complex incidents. Current geopolitical climate has proliferated nuclear power and increases the necessity for readiness and awareness for radiological incidents. These are complex incidents a responder may face and requires even the lowest skilled practitioner to be fully engaged before special operations intervention.

Limited research exists to determine whether current emergency medical services (EMS) training supplies the competency necessary to ensure safety of the prehospital provider during a radiological incident. Forthcoming research will investigate the effectiveness of this current training within the United States.

Method: Survey data will be collected from multiple providers across the United States to evaluate their confidence level on two primary objectives during a radiological incident: competency of personal protective equipment donning and doffing, and management of contaminated patients.

Data analyses of survey responses help drive future proposed educational activities that will be compliant with best practices set forth by organizations such as the United States Department of Health and Human Services Radiation Emergency Medical Management (REMM), the National Fire Protection Agency (NFPA), and Radiation Emergency Assistance Center/Training Site (REAC/TS).

Results: Data will be collected by survey responses to evaluate a diverse range of EMS services. Details such as skill level, type of EMS service, catchment of communities served, and their impressions upon the training will be analyzed.

Conclusion: This is an ongoing project that will embrace the perspectives of the diverse group of delegates of WADDEM throughout and become enriched through the organization's wealth of knowledge. Gaps highlighted during roll-out of this research can also be used to address logistics, doctrine, and policy shortfalls.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s205–s206
doi:10.1017/S1049023X23005265

EMS and Bioterrorism Response

Ryan Houser MHA, MPH, MS, EMPS, NRAEMT

George Mason University, Arlington, USA. Kings College London, London, United Kingdom

Introduction: Previous studies have found that public health systems within the United States are inadequately prepared for an act of biological terrorism. As the COVID-19 pandemic continues, few studies have evaluated bioterrorism preparedness of Emergency Medical Services (EMS), even in the accelerating environment of biothreats.

Method: This study utilized an Internet-based survey to assess the level of preparedness and willingness to respond to a bioterrorism attack and identify factors that predict preparedness and willingness among Nebraska EMS providers. The survey was available for 1 month in 2021 during which 190 EMS providers responded to the survey.

Results: Only 56.8% of providers were able to recognize an illness or injury as potentially resulting from exposure to a biological agent. Provider Clinical Competency levels ranged from a low of 13.6% (ability to initiate patient care within his/her professional scope of practice and arrange for prompt referral appropriate to the identified condition(s)) to a high of 74% (the ability to respond to an emergency within the emergency management system of his/her practice, institution, and community). Only 10% of the respondents were both willing and able to effectively function in a bioterror environment.

Conclusion: To effectively prepare for and respond to a bioterrorist attack, all levels of the healthcare system need to have the clinical skills, knowledge, and abilities necessary to treat patients exposed to biological agents. Policy changes and increased focus on training and drills are needed to ensure a prepared EMS system, which is crucial to a resilient state. EMS entities need to be aware of the extent of their available workforce so that the country can be prepared for the increasing threat of bioterrorism or other novel emerging infectious disease outbreaks. A resilient nation relies on a prepared set of EMS providers who are willing to respond to biological terrorism events.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s206
doi:10.1017/S1049023X23005277

The National Israeli Field Hospital in Ukraine - Innovative Adaptation to a Unique Scenario

Elhanan Bar-On MD, MPH¹, Asaf Vivante MD, PhD², Yitshak Kreiss MD, MHA, MPA²

1. Humanitarian and Disaster Response Center, Sheba Medical Center, Tel Hashomer, Israel
2. Sheba Medical Center, Tel Hashomer, Israel

Introduction: Following the outbreak of hostilities in Ukraine and the resultant humanitarian crisis, the State of Israel deployed a field hospital inside Ukraine. Challenges included a large refugee population, disruption of routine medical services to the local population, first-time deployment of a civilian field hospital, and deployment to a country at war.

Method: The activity of the field hospital during a deployment in Ukraine is described along with lessons learned for future deployments.

Results: A Rapid Assessment Team (RAT) performed needs assessment and coordination with local authorities. The main necessity encountered was delivery of primary care to both the refugee and local population. During the 6 weeks of deployment, 6,161 patients were treated in the hospital. 65 patients were hospitalized and 59 underwent surgery. The hospital was completely digitalized. 103 remote consultations were performed using telemedicine techniques. Capacity building of local teams was given high priority and 796 Ukrainian health professionals underwent training.

Conclusion: Deployment of a national civilian field hospital in a country of war is possible through coordination with local authorities while undertaking the necessary security measures.

The change in caseload from expected war trauma to predominantly primary care necessitated agility in planning and operation with subsequent adaptation of hospital and staff structure.