

physical requirements were scarce. Our team developed processes and protocols for all aspects of this unique deployment.

Operational procedures included specific equipment, medications, documentation processes, and clinical protocols were developed and reviewed and refined after each festival.

**Results:** The effectiveness of the teams was evidenced through the early recognition and management of severe drug toxicity seen at the five festivals to which WSLHD deployed HRTs. This management resulted in good outcomes with minimal morbidity and no deaths of the 29 festival patrons treated by the HRT noting 25 required intensive care admission.

**Conclusion:** Innovative processes and collaborative arrangements enabled effective deployment to NSW music festivals. Expert HRTs were key in preventing drug related morbidity and mortality through early recognition and management of complications. Team members gained unique and invaluable experience as a result of their deployments and patients transported to hospital were managed more effectively.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s82–s83

doi:10.1017/S1049023X23002376

### Building the Evidence Base to Update the Key Public Health Considerations for Mass Gatherings Evaluation and Legacy

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**Introduction:** Leaving a viable public health legacy and sustainable improvements in health infrastructure and capacity should be key for mass gatherings (MGs). Legacy includes improvements in health systems, health behaviors and delivering future MGs. Legacy planning and evaluation should be considered early in planning however, they are often neglected due to lack of funding to support, embed learning and maintain a sustainable legacy, and often favored over the event running smoothly.

Building on the Public Health for Mass Gatherings: Key Considerations (KC2) (2015), an updated literature review will identify new evidence for evaluating MGs and their legacy. This review will inform the development of updated resources to reflect the changing global health landscape and learning from MGs hosted during COVID-19, which can inform ways of better embedding legacy and evaluation in planning and post-event.

**Method:** A systematic literature review methodology will be used. Electronic databases will be searched for relevant publications and grey literature of a wide range of MGs globally, focusing on evaluations, MG legacies, and impacts. Searches for specific technical areas e.g., surveillance, will also take place.

**Results:** The literature review undertaken to develop the KC2 chapter identified limited publications. The increased interest in this field, should lead to an improved evidence base while recognizing evidence for long-term evaluation and legacy impact may still be more restricted due to the challenges of undertaking these studies. Recent literature will likely reflect work

undertaken to deliver MGs during COVID-19, which will be included to identify good practice and transferable learning. **Conclusion:** Key findings of the review will be published, and the evidence base will be used to update the evaluation and legacy chapter of the KC2. There are also plans to develop a MG evaluation and legacy tool that will be applicable beyond the major high-profile funded events.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s83

doi:10.1017/S1049023X23002388

### Increasing Patient Tracking Compliance by Harnessing Frontline Clinician Engagement

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**Introduction:** A large urban jurisdiction identified a lack of experience and knowledge in use of the established regional patient tracking system among frontline emergency department employees. Lack of nursing retention, shifted departmental priorities throughout the pandemic response, and decreased opportunities for exercising were notable causes of this identified knowledge gap. Effective patient tracking has a significant impact during response to any event with the capacity to strain the hospital and healthcare system. Mass casualty incidents pose a global threat to all jurisdictions. Recognition of this threat magnifies the importance of establishing a patient tracking system and empowering frontline staff, through education and training, to immediately implement the exercised patient tracking platform.

**Method:** Bolstering hospital readiness through site visits and first-receiver clinician engagement during special event planning improved effective use of a citywide patient tracking system during planned events. “Just-in-time” training tools were developed and distributed during site visits. Notably, identification of key clinical staff at each institution was an important step in meaningful clinician engagement. Utilization of these systems during special events is an opportunity to exercise a high stakes procedure during a low stakes incident.

**Results:** Site visits and training material distribution effectively enhanced first-receiver participation in patient tracking during a special event in comparison to previous special events. Users required less prompting throughout the response, and the post-intervention survey indicated an increase in user confidence levels. Increased utilization of the system improved visibility into the hospital's lived experience while engaged in the response.

**Conclusion:** Targeted site visits and educational material tailored to first-receiver clinicians during special events improved patient tracking efforts throughout a large urban healthcare system. During real and planned events, person and patient tracking allows for patient load balancing across the healthcare system, assists with patient and family reunification, and directs future planning, funding, and first responder and receiver education.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s83

doi:10.1017/S1049023X2300239X