

project, creating a community capable of acting at the intersection of policymaker, companies and citizens.

Conclusion: The case of NOFEAR demonstrates how, thanks to a European project, created a network of individuals and businesses that interact and or collaborate with each other can accelerate knowledge driven and sustainable growth of multidisciplinary ecosystems able to mitigate the fragmentation of the emergency medical systems.

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Implementing Crisis Standards of Care in the Intensive Care Unit: A Scoping Review

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Introduction: Disasters have the potential to cause a surge of patients, some of which may require admission to an intensive care unit (ICU). Due to the high resource requirements of ICUs, normal standards of care may need to be altered to treat more people with limited resources, a care model referred to as crisis standards of care (CSC). The pragmatic implementation of CSC in ICUs due to patient surges from disasters has not been well explored in the literature.

Method: This scoping review guided by the Joanna Briggs institute methodology for scoping reviews searched medical databases including CINHALL, PubMed, ProQuest and SCOPUS. Articles were included if they reflected on the actual implementation of CSC delivered in ICU as a result of a patient surge from a disaster. Quantitative data was extracted into tables and qualitative content was thematically analyzed.

Results: A total of 17 papers were included in the review. The disaster event that dominated the results was COVID-19. Most papers relayed subjective accounts of how care models were impacted by patient surges. Common themes included the repurposing of other clinical areas to accommodate ICU patients, resource shortages (particularly ventilators) and staff shortages. Moral strain was felt when processes such as palliation and treatment modality were altered due to resource restrictions.

Conclusion: This review highlights the dearth of high-quality research in implementing CSC in ICUs. Understanding the pragmatic experiences of CSC shows not only the logistical insufficiencies that have been experienced, but the moral and clinical repercussions that these insufficiencies have caused. Inadequate preparation for future disasters, particularly short notice disasters, may lead to further implementation of CSC resulting in poorer outcomes for patients and detrimental impacts on healthcare workers. More research into the practical

application of CSC in ICU may help mitigate the impact of patient surges from disasters.

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Women are More Infected and Seek Care Faster but are Less Severely Ill: Gender Gaps in Covid-19 Morbidity and Mortality During Two Years of a Pandemic in Israel

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Introduction: In the context of COVID-19 outcomes, global data has deduced a gender bias towards severe disease among males. The aim of this study is to compare morbidity and mortality during two years of the COVID-19 pandemic in female and male patients with COVID-19, as well as to assess length of stay, health seeking behavior time after positive diagnosis, and vaccination differences.

Method: A retrospective-archive study was conducted in Israel from March 1st (patient zero cases) to March 1st, 2022 (two consecutive years). Data were obtained from the Israeli Ministry of Health's (MOH) open COVID-19 database.

Results: The findings indicate female infections are 1.12 times more likely, across almost all age groups, apart from the youngest (0-19) age groups. Despite this, the relative risk of severe illness, intubation and mortality is higher among men. In addition, our findings indicate that the mean number of days taken by unvaccinated men from positive diagnosis to hospital admission was greater than among unvaccinated women among the deceased population.

Conclusion: Targeted approaches including risk communication which take into consideration sex and gender and the intersecting factors are necessary to engage in the fight against COVID-19 for ensuring the most effective and equitable pandemic response.

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Emergency Healthcare Providers' Perceptions of Preparedness and Willingness to Work during Disasters and Public Health Emergencies

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Introduction: This study evaluates the perceptions of preparedness and willingness to work during disasters and public health emergencies among 213 healthcare workers from 10 ministries of health hospitals in the southern region of Saudi Arabia, which is exposed to the risk of disasters such as flash floods in wadis, fires, sandstorms, armed conflicts at the border and ongoing waves of COVID-19 pandemic.

Method: This study employed a quantitative research design by using a survey (Fight or Flight).

Results: The results showed that participants' willingness to work unconditionally during disasters and emergencies varied based on the type of condition: natural disasters (61.97%), seasonal influenza pandemic (52.58%), smallpox pandemic (47.89%), SARS/COVID-19 pandemic (43.56%), special flu pandemic (36.15%), mass shooting (37.56%), chemical incident and bombing threats (31.92%), biological events (28.17%), Ebola outbreaks (27.7%), and nuclear incident (24.88%).

Conclusion: Among several factors that determine healthcare workers' willingness to work during disasters and public health emergencies, appropriate knowledge and skills to confidently manage an incident and the assurance of their families' safety are two decisive factors. Although we could only find a significant correlation between education and willingness to work during emergencies, previous reports have confirmed a significant correlation between education, age, and years of experience and the perception of hazards and fear and consequently willingness to work under threatening circumstances. While unsuccessful management of disasters and emergencies may be the result of organizational shortcomings and resource scarcity, healthcare workers' lack of knowledge, skills, and confidence and emotional distractions due to uncertainty about their own safety and that of their families may also play a significant role. Besides educational initiatives, which increase staff members' confidence through knowledge acquisition and skill improvement, other measures, which guarantee their families' safety and well-being during an emergency, should be established and implemented.

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