frequency and scope of these events. Considerations include: identifying key staff, their roles, strategies to support continuity of care, delivery mode of education, and resource allocation.
Method: Participants experienced in disasters and major emergencies or preparation at three tertiary referral teaching hospitals were purposively selected during 2016 and 2019. An interpretive paradigm and case study design enabled the exploration of perspectives concerning effective and preferred methods for preparedness. Fifty-five allied health professionals, medical practitioners, and nurses participated in semi-structured interviews; and support staff participated in focus groups.
Results: Key findings: 1. Recognition that allied health professionals and support staff are essential and must be included in disaster or major emergency preparation and plans. 2. Factors that increase the likelihood of staff deciding to be absent from work include: perception of danger, insufficient understanding of responsibilities, and hospital preparation is perceived inadequate. Staff understanding their role has a positive influence for attendance and coping during disasters. 3. Preferred and most effective method of disaster preparedness is practical learning, combined with other preparation methods. Online learning as the major mode was unpopular. 4. Challenges of inadequate resources limits managers' ability to facilitate staff preparation and care delivery during disasters. Resources affect method, duration and multidisciplinary inclusion in disaster preparation.
Conclusion: This research found disaster preparedness in hospitals is critical. Site and occupation specific differences need to be addressed. To mitigate impacts of disasters or major emergencies, preparation must include identification of required resources. Disaster preparedness and management must be inclusive of multidisciplinary staff, including allied health and support staff. Facilitation of role understanding to promote continuity of care during disasters or major emergencies is imperative to promote staff participation and effectiveness in response to disasters.

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Use of the U.S. National Poison Data System (NPDS) to Detect and Describe Potentially Harmful, Non-Traditional Behaviors Taken by Individuals to Prevent, Treat, or Cure COVID-19

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Introduction: On January 19, 2020, Washington State reported the first confirmed case of COVID-19. Two years later, the Centers for Disease Control and Prevention (CDC) reported over 90 million cases across every U.S. state and territory causing more than 1 million deaths, with numbers continuing to grow. As part of the overall pandemic response, CDC, in coordination with America's Poison Centers, conducted enhanced surveillance of National Poison Data System (NPDS) data to detect potentially harmful, non-traditional behaviors taken to prevent, treat, or cure COVID-19 to provide situational awareness and ensure CDC continues to develop effective, evidence-based health communication messages and materials.
Method: Data from the fifty-five U.S. poison centers (PCs) are uploaded in near real-time to NPDS. CDC monitored several categories including cleaners and disinfectants, medications/vitamins, and behaviors such as suicide and drug use. We characterized exposures by daily call volume, age group, management site, route of exposure, and medical outcome compared to previous years. We also conducted follow-up detailed review for certain anomalies, spikes, or extreme adverse events.
Results: We reported PC data to several task forces within the CDC Emergency Operations Center. The daily number of exposures increased sharply beginning in March 2020 for exposures to cleaners and disinfectants. For example, bleach exposure calls saw a 62.1% increase compared to 2019. Several medications saw spikes in calls in coordination with media coverage of certain treatments (e.g., hydroxychloroquine) throughout the pandemic.
Conclusion: This data helped ensure a coordinated public health response to COVID-19 and maximized the unique role of PCs in addressing public and medical provider concerns and questions. Results led to several actions including notifications to state health departments, targeted messaging, and tailored response efforts. PCs are a valuable resource for providing guidance and advice about exposures to hazardous substances and can help reduce the burden on the healthcare system.

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Evaluating the Effect of Brief Disaster Education on Emergency Department Staff: Can Short, Low-cost Education Improve Disaster Readiness of Non-DMAT Healthcare Personnel?

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Introduction: Some incidents require early deployment of emergency department personnel not designated as disaster medical assistance team (DMAT). Although not as trained as DMAT members, they should be aware of basic disaster response concepts and knowledge. Educating disaster readiness to every healthcare staff in emergency departments would be ideal but it is very costly in both time and expense. To overcome this problem, we tried to evaluate the effectiveness of teaching basic concept and knowledge to non-designated personnel in a short-session and measure the effect.
Method: This study is a before-and-after comparison study. From July 2020 to July 2022, a two-hour education was given to volunteers among doctors, nurses, paramedics and administrative staff working in emergency departments across four hospitals in Korea. Educational sessions consisted of basic disaster concept, pre-deployment DMAT preparations, initial actions required on incident site, key elements of incident response (command, control, safety, communication), and triage.