Results: In the UK and ROI review, 44 guidance documents met the inclusion and exclusion criteria, and 11 main ethical principles were identified, which were then categorized under two main themes: respect and duty. The 11 main ethical principles were: fairness, honesty, minimizing harm, proportionality, responsibility, autonomy, respect, informed decision-making, community, the duty of care and reciprocity.

In the US review, 270 documents were found from searching several public health United States government bodies. Of these documents, 50 were deemed to be Covid-19 ethical guidance, each ethical principle was tallied from every document and compared with the results from the UK/Ireland study.

Conclusion: There were remarkable similarities in some ethical principles prioritized in the Covid-19 pandemic ethical guidelines across the Atlantic Ocean. However, there were differences in the interpretations and frequencies in which these principles were used across different regions.

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Investigating the Natural Disaster Preparedness of Hospital Pharmacists Across Four Hospitals in Australia

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Introduction: In a climate where natural disasters are becoming progressively more frequent and severe, there is a greater need for healthcare resilience. Hospital pharmacists are important healthcare responders during disasters, but little is known about how prepared pharmacists are to fill roles in disasters or how prepared pharmacy departments are to support their response. The aim of this study was to determine the disaster preparedness of pharmacists and pharmacy departments in a Metropolitan Health Service in Australia and investigate any relationship between the two.

Method: This research utilized two surveys to determine the individual preparedness of registered pharmacists within the eligible hospitals and the preparedness of pharmacy departments (this information was obtained through the Directors of Pharmacy).

Results: In total, 68 individual pharmacists participated in the study. It was found that individuals were moderately prepared (preparedness score 19.98). Interventions, such as education, improved individual preparedness scores, though these had poor uptake, where only 17.4% (n=12/68) of participants had received disaster education or training. Individual preparedness was unaffected by facility preparedness and provision of comprehensive resources.

The preparedness of hospital pharmacy departments was generally low, where two hospitals were rated as 'somewhat prepared', due to the presence of a mostly comprehensive plan and a moderate engagement in activities that contributed to preparedness. The third hospital was 'poorly prepared', as it did not have a disaster plan and had low engagement in preparedness activities.

Conclusion: This study shows that a substantial improvement in pharmacy preparedness is required to achieve healthcare resilience and quality patient outcomes in disaster aftermath–further reinforcing the need for national and pharmacy-specific guidance, complemented by standardized preparedness interventions such as education and training. There is also a glaring disconnect between the preparedness of pharmacy facilities and their workforce, which demonstrates a culture of disaster preparedness.

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Changing the Scene: Lessons Learned and Actioned into General Practice from Australian Flood Fire Drought & Heat through Primary Health Networks

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Introduction: General Practitioners (GPs) manage the majority of usual healthcare needs in a community. These healthcare needs do not cease in disasters; they increase and expand. However, inclusion of GPs in disaster healthcare systems is only just beginning. Systematic review of the health effects of disasters over days, months, and years, shows the major burden of healthcare needs associated with disasters is within the realm of usual general practice. In Australia, Primary Health Networks (PHNs) represent local GPs in each region. They offer the best option for systematic linkage of GPs to the broader DHM system.

Method: A systematic review of the literature on the health effects of disasters and three qualitative studies reviewing the current experiences, barriers and facilitators to GP involvement in DHM systems were undertaken through a PhD at the Australian National University in 2022. A knowledge to action framework was developed and utilized to provide a systematic strategy to guide efforts to diffuse, disseminate, and implement the research as it emerged, with a focus on sustaining those changes through integration of PHNs into Australian DHM systems.

Results: Integration of GPs, through PHNs, is evolving, through systematic inclusion in planning and policy in local health districts. Over time, evidence-based knowledge of disaster healthcare needs has been incorporated into GP disaster planning and preparedness, and resource development, and utilized by GPs during the recent 2019 Black Summer Bushfires, and East coast Floods.

Conclusion: As our knowledge of the healthcare needs of disasters continues to reflect our increasingly challenging and complex world, the proven benefit of active involvement in holistic, comprehensive continuity of healthcare through General Practice in DHM systems through PHN linkage becomes more urgent.

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