Results: There were 74 patients transferred, including 56 from internal medicine and 18 from the surgery ward. Most of the transfers are concentrated within 16 hours. These patients were transferred to 12 emergency hospitals in 6 cities. The average transport time was 1.5 hours and the longest was about 3 hours due to the distance and traffic.The 17 private ambulances and 11 Fire Department ambulances were dispatched and transferred 60 patients. In addition, there were 14 patients evacuated by small buses. No mortality or COVID-19 infection had been reported within 3 days after this mass evacuation, only one patient had been intubated after one hour of arrival to hospital due to condition deterioration.
Conclusion: A hospital evacuation is a complicated process, especially during a pandemic. All infection control measures create difficulties in the patient transfer process. Well-prepared evacuation plans, regular drills, well-trained personnel, an organized command system, and regional cooperation are the keys to mass evacuation in a disaster.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s151–s152
doi:10.1017/S1049023X23003965

Thai Hospitals' Evacuation Preparedness: A Survey Among 42 Hospitals According to the Flexible Surge Capacity Concept.

Phatthranit Phattharapornjaroen MD[1,2], Eric Carlström PhD[3,4,5], Lina Holmqvist MD, PhD[4,6], Yuwares Sittichanbuncha MD[2], Amir Khorram-Manesh MD, PhD[1,3,4]
1. Institute of Clinical Sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden
2. Department of Emergency Medicine, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand
3. Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden
4. Gothenburg Emergency Medicine Research Group, Sahlgrenska Academy, Gothenburg, Sweden
5. USN School of Business, University of South-Eastern Norway, Kongsberg, Norway
6. Institute of Medicine, Department of Internal Medicine and Clinical Nutrition, Sahlgrenska University Hospital, Gothenburg, Sweden

Introduction: Hospitals are subject to internal and external threats which could necessitate an evacuation. Such evacuation needs deliberate surge and collaboration, particularly collaborative use of community capacities to handle affected patients, personnel, devices, and hospital structures using consensus systems. Therefore, it is crucial to identify hospital evacuation procedures' flaws and assess the possibility of implementing measures using community resources. This study aimed to explore Thai hospitals' current evacuation readiness and preparation regarding surge capacity and collaboration according to the Flexible Surge Capacity concept.
Method: The previously used hospital evacuation questionnaire was adopted. It contained relevant questions about hospital evacuations' responses and preparedness encompassing surge capacity and collaborative elements and an open-ended question to collect possible perspectives/comments.
Results: The findings indicate glitches in evacuation protocols and triage systems and inadequacies in surge planning and multi-agency collaboration. Additionally, it was evident that hospitals had limited information about communities' capabilities and limited collaboration with other public and private organizations.
Conclusion: Although implementing the measures for concept integration to hospital evacuation is challenging, pragmatic research exploring planning for community engagement according to the flexible surge capacity to build a concrete hospital evacuation plan would enhance hospital readiness and its generalizations. The latter needs to be tested in simulation exercises.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s152
doi:10.1017/S1049023X23003977

Attitudes of Members of Public to Mass Casualty Incidents in Singapore

Yao Qun Yeong MBChB, BSc (Hons), MMed[1,2], Sean Kong BSc[3], R Ponampalam MBBS, FRCSEd (A&E), FAMS, GDip Occupational Medicine (NUS)[1]
1. Singapore General Hospital, Singapore, Singapore
2. Singhealth Residency, Singapore, Singapore
3. Duke-NUS Medical School, Singapore, Singapore

Introduction: Mass casualty incidents result in mass casualties at short notice and stress healthcare systems. Research shows the critical potential role laypersons have by providing time critical intervention, on-scene, while awaiting arrival of emergency services, thus reducing mortality.

This study aims to demonstrate the attitudes of laypersons to responding to mass casualty incidents in Singapore.
Method: Laypersons were invited to participate in a pilot course aimed at training laypersons principles and interventions for mass casualty incidents. This was developed by the Disaster Volunteer Corps of Singapore General Hospital Department of Emergency Medicine. Respondents were invited to answer a questionnaire which aimed to explore knowledge and prior experiences, willingness, attitudes, and readiness. Descriptive statistics were analyzed, and free-text responses were categorized into various headings by theme.
Results: A total of 29/30 course enrollees responded to the questionnaire. Twenty (69%) participants were female. The median age was 50 years old (IQR 35-56.5). Most of the participants were employed (82.7%) and were Singapore Citizens (89.7%).

65.5% had no previous experience with first aid, and none had experience with MCIs. Understanding of mass casualty incidents was poorly understood, 1.42/5 (±0.56).

Respondents were most willing to assist in conventional disasters as compared to other types. Competency in voluntary role and altruism were the most important motivators as compared to compensation which was the least.

Overall, there is a high understanding that Singapore is at risk of disasters but most respondents do not have emergency plans in place for disaster situations.
Conclusion: This study shows that while laypersons are willing, most do not have the knowledge or experience to respond to

mass casualty incidents. This mirrors previous studies in Singapore relating to attitudes and knowledge of laypersons to CPR and AED.

More research and intervention is needed into the attitudes and willingness of members of public and mass casualty incidents.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s152–s153
doi:10.1017/S1049023X23003989

Under Pressure–TrolleyGar, a Metric Reflecting a Hospital System at Crisis-Capacity

Maria Conradie[1], Marco Smit[1], Rochelle Janse van Rensburg[1], Sayed Taqvi[1], Brendan Orsmond[1], Robin Andrews[1], Andrea van der Vegte[1,2], Aishleigh Dowle[1], Bryce Wickham[1], Darshini Vythilingam[1], Fahd Fayyaz[3], Keith Kennedy[1], Phillip Jordaan[1], Ria Abraham[1], Yuni Neduchelyn[1], Thomas Kelly[1], Michael Molloy[1,4,5]

1. Wexford General Hospital, Wexford, Ireland
2. University of South Wales, Caerleon, United Kingdom
3. University Hospital Wales, Cardiff, United Kingdom
4. School of Medicine, UCD, Dublin, Ireland
5. Beth Israel Deaconess Medical Center - Fellowship in Disaster Medicine, Boston, USA

Introduction: Health service capacity has been an issue in Ireland since the 1980s swinging cuts. Government reports from 2003 have consistently identified a requirement for 3,000-5,000 extra beds on top of the current approximately 10,500 capacity. Acute hospital bed capacity issues have escalated, the formal system of recording "over capacity" patients or "patients on trolleys" has developed. A "Trolleygar" reports issues from the Health Service Executive (HSE) three times daily. This count is an underestimate as patients temporarily housed in day care units, surgical, or medical assessment units, discharge lounges and other clinical areas which have a bed space are not counted in this overcapacity measure. This study's aim is to calculate the annual number of days on which no patients were lodged on trolleys in Wexford General Hospital.
Method: Descriptive study using anonymized freely available data from the national HSE Trolley GAR reports on trolley patients in Wexford General Hospital from January 2019 until September 2022. A Golden Zero trolley day was stated as a day on which there were no reported trolley-patients at the three time points, Silver Zero trolley day when two of the time periods recorded no trolleys and a Bronze Zero Trolley day when one period recorded a zero trolley count.
Results: Data was collected on 1,369 days, with 90 days excluded due to missing data sets. There were 162 Golden days recorded (12.67% of total days). The year 2020 recorded the highest number of Golden days at 28.69% (105 days), followed by 2021 with 11.23% (41 days). During 2019 there were 3.84% (14 days) Golden days and 2022 had the lowest number (January-September) with 0.73% (2 days).
Conclusion: Despite a zero-tolerance policy, Golden days are disappearing rapidly, capacity is urgently required with post-pandemic ED attendance surges worldwide. True recording of overcapacity patients is required for appropriate capacity modeling.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s153
doi:10.1017/S1049023X23003990

Supporting the Emergency Management Pipeline: How Institutions of Higher Education can Increase the Emergency Management Career Goal for Students to Enhance Disaster Preparedness and Response Globally

Judith Kenary
Anna Maria College, Paxton, USA

Introduction: The local, national, and global disasters have increased the demand for Emergency Management professionals. Institutions of higher education can play a key role to support and respond to this demand. One institution of higher education responding to this demand is Anna Maria College (AMC). AMC is a four-year, independent, Catholic institution accredited by the New England Commission of Higher Education, which was formerly known as the New England Association of Schools and Colleges. Established in 1946 by the Sisters of Saint Anne, the College was founded to increase access to quality education, educational innovation, and respect for service to others through development of the total human being. AMC offers exceptional professional programs at all degree levels, especially in community-oriented professions, propelling students to lives of civic, spiritual, and personal consequence. Based on the number of public safety majors and their networks, an area of interest has become how the college could contribute and respond to the demand for emergency managers.
Method: These search resources were used: Chronicle, HigherEd jobs, Indeed, GoogleScholar Emergency Management majors curriculum, with searches from 2012 onward. Keywords used included emergency management jobs, higher education emergency management curriculum, public safety and community networking, disaster, and emergency preparedness, and filling the emergency management pipeline.
Results: Data collection and analysis planned for completion by February 2023.
Conclusion: Higher education can support the pipeline to narrow the gap and respond to the demands for trained and educated community members in disaster and emergency preparedness. Higher education responses include strategies such as, creative emergency management curriculum and community networking.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s153
doi:10.1017/S1049023X23004004

Docimological Analysis of Written Acute Medicine Examinations at a Medicine School

Hanene GHazali MD[1,2], Naouel Ben Salah MD[3,2], Ines Chermiti MD[1,2], Amira Bakir MD[1], Amel Ben Garfa MD[1], Rahma Dhokar MD[1], Amira Tagougui MD[1], Sami Souissi MD[1,2]

1. Emergency Department, Regional Hospital of Ben Arous, Yasminette, Tunisia