

(1,2%) resulting in a patient presentation rate of 0.28/1,000. In total eight patients were transported to hospital for further diagnosis and treatment (ambulance transfer rate: 0.02/1,000).

Conclusion: In-event health services for this event proved adequate according to the number of attendees and the severity of the patients. No hospital reported disruptions to their standard operational capacity.

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Emergency Management Risks in MEM Region South—An Operational Perspective

Cian O'Brien MPH^{1,2}, Mary Rose Fitzgerald MSc¹, Aoife Cheung BSc¹, David O'Sullivan MSc¹

1. Health Service Executive, Cork, Ireland
2. University College Cork, Cork, Ireland

Introduction: Distilling from the National Risk Assessment for Ireland, the Regional Working Group for Major Emergency Management Region South (Cork and Kerry) assessed threats in the region and 22 hazards were identified which were distributed over the natural, transportation, technological and civil categories. The hazards were plotted on an Interagency (Health, Police and Local Authority) Emergency Management Risk Matrix

Method: A three-hour 'Introduction to Emergency Management' educational program was developed in May 2022 with the aim of introducing frontline members of the Principal Response Agencies (Health, Police and Local Authority) across the Cork and Kerry region to the concept of emergency management. As part of this educational session, participants (N = 55) were given an overview of the regional risks as identified through the risk assessment process by the Regional Working Group for Major Emergency Management. As part of a breakout session, course participants were asked to identify their perspective on 'worst case scenario' risks.

Results: An analysis of the operational risks identified by members of the Principal Response Agencies (Police, Health and Local Authority) were categorized into the four risk sub-headings: natural, civil, technical and transport and compared with the strategic regional risk assessment. The differences identified based on the comparative analysis, detailed that those holding operational portfolios identified that concurrent risks, as evidenced during the Cyberattack on the Health Service Executive in May 2021 during a wave of the global pandemic in Ireland were a perceived 'greater' risk than those traditional risks identified in the regional risk assessment.

Conclusion: This study highlights the importance of engaging operational staff when developing regional emergency management risk assessments. The requirement to consider and incorporate concurrent emergency management risks is vital to ensure that the Cork and Kerry regions are prepared for future events.

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Comparison of Public Health IT Reporting Capabilities Between a Large Network Hospital and Small Independent Hospital During Disaster Response

Pia Daniel MD, MPH¹, Bonnie Arquilla DO¹, Patricia Roblin MS¹, Yalini Senathirajah PhD², Kenrick Cato PhD³, David Kaufman PhD¹

1. Downstate Health Sciences University, Brooklyn, USA
2. University of Pittsburgh School of Medicine, Pittsburgh, USA
3. Columbia University School of Nursing, New York, USA

Introduction: Management of outbreaks rely on hospitals' health information technology (IT) to electronically share data to public health systems. Studies show that half of non-federal hospitals reported a lack of capacity to exchange information with public health agencies, placing a variable burden on institutions to meet the government mandated reporting requirements. This study aims to contrast the impact of COVID-19 reporting requirements across two New York City institutions with disparate health IT capabilities.

Method: A retrospective, qualitative study contrasting the impact of reporting requirements on a small independent hospital (SIH) with 198 staffed beds and a large, networked hospital (LNH) with eleven campuses during the COVID-19 pandemic. Researchers conducted 51 interviews with hospital leadership, clinical directors, and infection control personnel. Interviews were transcribed and coded using qualitative analysis software.

Results: The LNH had a 50-person analytic team that handled reporting tasks, a centralized data warehouse that was automatically updated, electronically generated reports with universal access, and limited burden of clinical staff. The SIH had no dedicated analytic team. Seventeen departments were utilized to handle reporting tasks with no centralized place to share electronic data, limited capacity to create automatically updated reports, a daily manual information gathering processes, and significant need of clinical staff to collect data. Both SIH and LNH faced challenges associated with the distribution of responsibilities and resources with pressure to report in a timely fashion. However, the burden on the SIH was so onerous that it significantly impeded routine hospital work and patient care.

Conclusion: The disparity in health IT capabilities highlights significant institutional inequities and variability in response during a pandemic. The findings have implications for how government and other regulatory bodies may adjust policies to equitably meet public health needs and not unfairly burden small hospitals.

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NO FEAR Project—Re-thinking Scene Security

Chaim Rafalowski

Magen David Adom Israel, Or Yehuda, Israel

Introduction: The NO FEAR project is dealing with operational aspects of the response to security-related incidents. Recent attacks globally demonstrate the complexity of the

scenes and the fact that by nature the scene is not safe, though EMS personnel are intervening in those unsafe environments. **Method:** During a series of workshops with different EMS providers and managers the following ideas have been discussed: 1) Acceptable risk is part of EMS work 2) EMS personnel should be trained to conduct a personal risk assessment on-site and take appropriate action 3) EMS personnel on site should not think about the "large scene" but on the specifics of their site of operations

Results: This new way of thinking requires a shift of paradigm in EMS, which for many years was "safety first" or "don't engage unless the scene is safe", ignoring the change like deliberate attacks against the population.

Conclusion: Recent attacks present new threats and risks for EMS personnel, coupled with public expectations (who are on the scene providing assistance to their fellow injured citizen) are a call to EMS leaders to re-think the way we teach and address scene safety in security related incidents.

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What Has Changed? A Bibliometric Analysis and Visualization of Research in Mild Traumatic Brain Injury

Tao Liu, Ji Li, Chunxia Cao PhD

Institute of Disaster and Emergency Medicine, Tianjin University, Tianjin, China

Introduction: People around the world are affected by traumatic experiences, ranging from collective events like natural disasters, mass violence, war, terrorism and to personal, even "everyday life" traumas such as road traffic accidents and the sudden football attack. The mTBI caused by traumatic events is a significant public health international matter. There is a greater demand for mTBI research from all cultures and societies. This paper attempts to explore the research status, focus and challenges by using a bibliometric analysis on mild traumatic brain injury (mTBI).

Method: Publications on mTBI were retrieved from the Web of Science Core Collection by the title advanced search strategy from January 1, 2000, to October 31, 2022. Articles and reviews were included, and no language restrictions were applied. Microsoft Excel, RStudio, VOSviewer, and CiteSpace were used to extract, integrate and visualize the bibliometric information.

Results: A total of 3,464 documents were retrieved from 2000-2022, with a general upward trend despite slight fluctuations in annual publications. The USA had an overwhelmingly dominant position in terms of both the number of publications ($n = 2\ 028$) and citations ($n = 63\ 287$). The Department of Veterans Affairs ($n = 380$) and Veterans Health Administration ($n = 370$) were the most productive institutions. Collaborations in cross-national, cross-institutional and different authors were weak. Iverson GL was the leading scholar and the Journal of Neurotrauma and Brain Injury were the most influential journals. Based on keyword co-occurrence analysis, the research focus could be divided into four clusters:

epidemiology and prevention, characterization of mTBI, outcome assessment and prognosis.

Conclusion: The mTBI research has drawn increasing attention over the years. However, the research on mTBI is still relatively limited and challenging, and collaborations that cross national, institutional, disciplinary, and sector boundaries are important to the advancement of improving mTBI worldwide.

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MCI (Mass Casualty Incident) Response Support for Palestine Refugee Hospitals in Lebanon

Mitsuru Masuda MD

JRCS Wakayama Medical Center, Wakayama, Japan

Introduction: The Japanese Red Cross Society has been supporting MCI response support for Palestine hospitals in Lebanon since 2018.

Method: It was started from a hospital as a single topic in a one-year ER trauma course, which was combined with an ER triage course. In the next hospital it was revised into not only a theological lecture course but also a field triage training course with pre-hospital volunteers. As a result, when the Beirut explosion happened in 2020, the first hospital could accept more than 50 green patients at once, and the second one sent a pre-hospital team to do triage at the scene showing that training courses were useful in a real MCI case.

Results: At this time, support is being provided in a new hospital by making use of these experiences. A current report will be available when this association is held.

Conclusion: MCI response support for refugee camps is improving through trial and error, which would have much in common with other MCI responses in many countries and areas.

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International Military Vaccination Efforts During the COVID-19 Pandemic: A Literature Review

Terri Davis MD¹, Attila Hertelendy PhD^{1,2}, Alexander Hart MD^{1,3}, Gregory Ciottono MD^{1,4}

1. Beth Israel Deaconess Medical Center, Boston, USA
2. Florida International University, Miami, USA
3. Hartford Hospital, Hartford, USA
4. Harvard Medical School, Boston, USA

Introduction: The COVID-19 pandemic created a public health crisis worldwide. Mass vaccination efforts in some cases were initiated without adequate civilian manpower due to critical medical staffing shortages. The governments of many nations deployed their military assets to fill gaps in care and to initiate projects to promote vaccinations. The COVID-19 pandemic created a unique international military vaccination response to an infectious disease disaster.

This literature review highlights creative solutions, abilities utilized, projects completed, overall effectiveness, and lessons