

new national highway development scheme. This highway will significantly increase in traffic volume expected in the region. With increased traffic volume, there will be an expected increase in trauma presentations as well as medical presentations due to increased populations in the area. This center is expected to serve a population of four million people. To date, the majority of nurses, medical officers and doctors in the pre-existing facility received no formal post graduate training in medical and surgical emergencies.

**Method:** Global Emergency Medical Skills (GECS) is a registered charity, with an aim to provide medical education for the management of both trauma and medical emergencies for both adults and children. GECS was invited to attend St. Joseph's Missionary Hospital to provide education to nurses, medical officers and doctors. A curriculum encompassing the management of medical and surgical emergencies through both didactic lectures, practical skills training and simulation based workshops was composed and delivered by a group of 11 faculty, crossing Emergency Medicine, Intensive Care, Anesthesia and General Medicine. This curriculum had 28 participants and was conducted over a five day period. A "train the trainer" model was employed to ensure the strongest candidates were chosen for further training on how to deliver course material and organized simulations for future colleagues in St. Josephs Trauma Center.

**Results:** Questionnaires of both staff and students have highlighted the utility of GECS and its curriculum in preparing staff for the opening of this new trauma center.

**Conclusion:** This program was the first of its kind undertaken in St. Joseph's Hospital and has provided valuable education to the staff of this new trauma center. This project has enabled the continuity of this knowledge through chosen trainers.

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### Emergency Medical Team Deployment Modalities: A Delphi Study

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**Introduction:** The COVID-19 pandemic presented obstacles to Emergency Medical Teams (EMT) deployment, including concern of exposure to COVID-19 and travel restriction in many areas of the world. Recognizing these challenges, EMTs sought alternatives to physical deployment, such as virtual deployment. However, concerns have been raised regarding access to internet in aid recipient countries, as well as patient privacy and data leakage in general due to insecure internet connections and intentional data hacking. There is limited literature, and no internationally agreed set of criteria, on the evaluation of deployment including the recipient countries' ministries of health's opinion on the deployments. In order to compare alternative deployment modalities, a set of criteria to evaluate an EMT deployment must be established.

**Method:** The research will identify a set of criteria that can be used to evaluate a deployment; to identify the possible

alternative modalities to traditional physical deployment; and to explore perceptions of acceptability and ability to meet the goals of international humanitarian assistance. A stakeholder analysis will be conducted to identify the key informants and relevant stakeholders, and the Delphi Approach will be utilized to seek experts' opinions and reach consensus.

**Results:** This research will help to establish a set of criteria for evaluating deployments, and to identify the alternative deployment modalities, the advantages, and disadvantages, and to evaluate each alternative modality, with the hopes of guiding EMTs to plan their future deployments, as well as to provide alternatives should there be further restrictions in the future.

**Conclusion:** At this moment, this research is at the planning stage and ethical approval has not yet been sought. Should this abstract be accepted, ethical approval will have been obtained, and data collection will have just started in May. The presentation will include a summary of relevant literature, the methods, and any preliminary results.

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### The Utility of a Hospital System-Specific Emergency Medicine Residency Orientation

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**Introduction:** The transition to residency is a challenging time in the medical trainee's career. In addition to learning and implementing knowledge specific to emergency medicine, logistics and system nuances can initially impede a learner's ability to begin the process of mastering their profession. In an attempt to ameliorate this transition to residency an orientation was created to introduce concepts of local ultrasound documentation, resuscitation protocols, EMR navigation, and procedural kits.

**Method:** Interns were given a pre-workshop survey on comfort level (1-5 Likert) of ultrasound documentation, resuscitation protocols, EMR navigation, and procedural kits. They rotated through four workshop stations in small groups. The first was an ultrasound workshop showcasing our commonly used ultrasound and how we capture images and videos into our medical system for review. The next was institution specific protocols for medical and trauma resuscitation using simulation. Third was a workshop on how to navigate our electronic medical record with simple overviews of documentation and order entry. Lastly, they went through arterial and central line kits to familiarize themselves with the contents. A post-workshop survey was given.

**Results:** Comfort with ultrasound documentation pre-workshop mean was 4.0 with a post-workshop mean of 4.45 ( $p=0.068$ ). Comfort with resuscitation pre-workshop mean of 2.91 increased to 3.91 ( $p=0.008$ ). Electronic medical record documentation comfort rose from a mean of 3.5 to 4.27 ( $p=0.007$ ). Comfort navigating procedural kits increased to a mean of 4.09 from 3 ( $p=0.002$ ).

**Conclusion:** There was a statistically significant increase in comfort level with ultrasound documentation, resuscitation protocols, EMR navigation, and procedural kits after

completion of the workshops. Only ultrasound documentation had a p value less than 0.05. It can be reasonably deduced that focusing on institutionally specific aspects of workflow can help interns expedite their education by familiarizing them with these nuances prior to their first shift.

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### Developing a COVID-19 Vaccination Program for Seafarers in Cork

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**Introduction:** The pandemic brought to the fore the importance of maritime transport as an essential sector for the continued delivery of critical supplies and global trade in times of crisis. Timely vaccination of seafarers secures their health and enables the chain of infection to be broken with the international propagation of the virus via maritime traffic. As part of the COVID-19 vaccination program, the Health Service Executive in conjunction with the Port of Cork company developed a unique pathway for seafarers to access COVID-19 vaccinations once they arrived in Cork.

**Method:** An Excel template was developed by HSE and Port of Cork that would capture key information for seafarers to avail of vaccinations. Once data was captured by the ship's Captain, it was sent to the shipping agent and reviewed by the HSE South Emergency Management Office. Once the data was validated it was sent to the vaccination center so that the seafarer's details could be entered onto the system. Once confirmed, travel arrangements were made from the vessel to the vaccination clinic ensuring a safe staffing level remained on the vessel.

**Results:** A total of 84 seafarers registered for the seafarer's vaccination program. 70 of these seafarers received one or more doses in Cork City Hall Vaccination Centre with the remainder having received one dose in pharmacies in Cork City.

**Conclusion:** This joint initiative developed by the HSE Emergency Management Office and the Port of Cork, the first seafarer's COVID-19 vaccination program in Ireland, ensured seafarers were allowed to avail of a COVID-19 vaccination when they arrived at the Port of Cork. This highlights the requirement for future vaccination programs to consider and incorporate the requirements of seafarers acknowledging the essential role they play in the global supply chain.

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**Compliance with The National Institute for Health and Care Excellence (NICE) Guideline (NG158) Venous Thromboembolic Diseases: Diagnosis, Management, and Thrombophilia Testing; Proximal Lower Limb Venous Ultrasound Time Standards at Wexford General Hospital**  
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**Introduction:** The consequences of missed lower-limb deep vein thromboses (DVT) can be life-threatening. Similarly, inappropriate treatment with anticoagulation in low-risk patients carries a significant risk of harm. Early diagnosis and appropriate treatment with anticoagulation rely on timely ultrasound access. The National Institute for Health and Care Excellence (NICE) recommends timeframes for ultrasound acquisition based on Well's score and D-dimer value.

If rapid ultrasound (Point of care Ultrasound POCUS in our context) demonstrates no features of DVT, it is safe to arrange follow-up scan within eight days without empiric anticoagulation. If, however, no bedside ultrasound is performed, anticoagulation is commenced until a formal scan excludes DVT. NG158 recommends this scan be performed within 24 hours. This audit investigated our compliance with NG158 time standards at Wexford General Hospital (WGH) emergency department (ED).

**Method:** Electronic records for patients undergoing formal ultrasound for suspected DVT between 08/01/2022–10/13/2022 were reviewed using the hospital's databases. Charts were reviewed to determine if POCUS was performed. In total, 42 records met selection criteria. Audit Committee governance review was obtained. Fisher's exact test was used to compare compliance rates between those that underwent bedside ultrasound and those that did not.

**Results:** Overall compliance with NG158 was 40.5%. Compliance rates for those offered bedside ultrasound were significantly higher than those that weren't (58.3% vs. 16.7% p<0.0106). The mean waiting time for a radiology department ultrasound is six days, 12 hours, and 16 minutes.

**Conclusion:** Overall compliance is low, and delays to obtaining formal ultrasound are long. We observed that compliance rates for those who underwent bedside ultrasound were significantly higher than for those who did not. This suggests that bedside ultrasound is under-utilized in our ED. Training more staff to perform bedside scans would alleviate current delays to ultrasound diagnosis and reduce risks associated with empiric anticoagulation.

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### Distribution of Hyperbaric Oxygen Chambers for Noxious Gas Disaster

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**Introduction:** In this study, assuming a toxic gas-generating disaster situation requiring multiple hyperbaric oxygen chambers at the same time in Korea, the regional arrangement of