

Results: Study results will inform prehospital service configuration to ensure safe and equitable patient management.

Conclusion: The data arising from this study will capture the full trauma patient journey. This data is essential to inform policy and practice for trauma care in Ireland.

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The Public Health Emergency Response Model of COVID-19 Pandemic in North-eastern Part of Thailand

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Introduction: The pandemic of COVID-19 in the northeastern part of Thailand established the response mechanism to COVID-19.

Method: This study aimed to explore the PHER model of the COVID-19 pandemic in three provinces located in northeastern Thailand. The target group was 78 people who were responsible for COVID-19 response from the sub-district, district, and provincial levels. The data was collected through in-depth and group interviews following the non-structure interview guide and data was analyzed by content analysis.

Results: Two levels of the PHER model were: 1) The response of the provincial level related to national and global situations. The provincial's measure of the COVID-19 response was run by the Provincial Communicable Disease Committee (PCDC) and followed by the COVID-19 Epidemic Administrative Center (CEAC). The core team was a public health subcommittee who ran the Emergency Operation Center (EOC) and COVID-19 pandemic. The PCDC launched the provincial measure, risk communication response to COVID-19, and issues of the pandemic from CEAC and EOC. 2) The response inside the provincial level two components of the structure were the PCDC and the PEOC and the district EOC. They composed the Situation Analysis Team (SAT) and Joint Investigation Team (JIT), which was an operation to surveillance, investigation, real-time situation and reported to PEOC and PCDC as the issues of measures decision. Thailand's identity of the PHER model was the village and sub-district on behalf of the Communicable Disease Control Unit (CDCU) and Community COVID-19 Respond Teams (CCRTs) in which members were Health Volunteer (HV), Village's leader, and Local organization. Core activities were screening the risky group and surveillance: Home or Local quarantine and Home isolation (HI) or community isolation (CI) of rehabilitation from Covid-19 post treatment.

Conclusion: The strengthening of PHER depended on the CCRTs and CDCU which supported the PEOC and PCDC to prevent and control Covid-19.

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Media Mortality Surveillance during Winter Storm Uri, United States – 2021

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Introduction: On February 13, 2021, Winter Storm Uri hit the United States beginning in the Pacific Northwest, heading across the central US, and eventually exiting on the East coast. By February 16, roughly 73% of the continental United States had snow coverage leading to ten million households without power. To understand the disaster-related causes and circumstances of death for Winter Storm Uri, we activated media mortality surveillance to help inform preparedness and response efforts.

Method: We searched the internet for key terms related to the winter storm, including storm name and type (e.g., winter storm), location-specific terms (e.g., state, county, city), mortality-related terms (e.g., death, mortality), cause of death (e.g., exposure, motor vehicle collision, carbon monoxide), along with other information learned from previous days (e.g., name of individual). We compiled and coded data into a standardized media mortality surveillance database and conducted descriptive statistics.

Results: Between February 13 and March 2, 2021, the media reported 136 storm-related deaths from nine states. The winter storm had the largest impact in Texas (n=91). Of decedents with sex data available (n=91), the majority (58%) were male. For decedents with age data available (n=93), the majority (91%) were adults. Exposure to extreme temperatures (47%) was the most common cause of death, followed by blunt force trauma (15%), CO poisoning (7%), and fire (7%). Roughly one-third of deaths (34%) were indirectly related to the winter storm with motor vehicle collision (13%) representing the top indirect circumstance. Twenty-six deaths (19%) have an unknown circumstance and cause of death.

Conclusion: This was the first time we activated media mortality surveillance for a winter storm providing timely data for public health action. Media mortality surveillance continues to be a useful tool in assessing the impact of a disaster and guiding response efforts.

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Improving Hazardous Material Incident Preparedness for Emergency Medicine Physician Trainees: A Quality Improvement Project

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