

Determinant of Severe Road Traffic Injury Cases Managed by Fatmawati Jakarta Hospital Emergency Department

Gde Yogadbita Apt, MEPid

University Gadjah Mada, Sleman, Indonesia. CHPM UGM, Sleman, Indonesia

Introduction: A traffic accident injury is one type of unintentional injury that contributes to the third leading cause of death in Indonesia, according to the WHO 2013 Global Road Safety Report based on Indonesian Police, estimated 37,000–47,000 fatalities annually and 46,000 experiencing severe injuries. The injury surveillance pilot project by the Ministry of the Health Republic of Indonesia in the Fatmawati Hospital Emergency Department is trying to describe the magnitude of injury along with its components and risk factors.

Method: This study aims to determine the risk factors of severe road traffic injury documented by injury surveillance forms in the Fatmawati Hospital Emergency Department from March to July 2016. The research design used was cross-sectional with a number of samples of 600 road traffic injury cases.

Results: The results show risk factors that contributed as predictors for severe road traffic injury are being male, OR 2.03 (95% CI 1.37–3.02); age greater than 30 years old, OR 1.57 (95% CI 1.11 – 2.22); low education (not attending school until high school graduate) with OR 1.59 (95% CI 1.12–2.25); during working days with OR 1.53 (95% CI 1.08 – 2.17), and cyclists with OR 4.84 (95% CI 0.87–29.0).

Conclusion: Based on this research, the Ministry of Health of the Republic of Indonesia needs to continue advocating the use of injury surveillance forms at hospital emergency departments to provide a complete picture of injury characteristics and risk factors and to educate and develop road traffic injury prevention and risk communication for the community.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s159

doi:10.1017/S1049023X23004132

Creating a Health Emergency and Disaster Risk Management (EDRM) Learning Community

Donald Donabue DHEd, MBA, MSJ¹, Paul Barach MD, MPH^{2,3}, Raymond Swienton MD⁴, Jan-Cedric Hansen MD⁵, Curt Harris PhD⁶

1. University of Maryland Baltimore, Baltimore, USA
2. Thomas Jefferson University School of Medicine, Philadelphia, USA
3. University of Queensland, Brisbane, Australia
4. University of Texas Southwestern Medical Center, Dallas, USA
5. Centre d'Hébergement et d'Accompagnement Gériatrique, Pacy-sur-Eure, France
6. University of Georgia College of Public Health, Athens, USA

Introduction: Disaster research is primarily posthoc analysis, locally focused or within response organizations, overlooking the wellness and safety of first and second responders or the broad multi- and interdisciplinary activities necessary to foster and sustain recovery. A broad framework to span locality, institutional, and professional boundaries supports the development of a true learning community—a health EDRM sector that

supports society in recognizing lessons, refining findings, and free and fluid global sharing.

Method: Several organizations joined to create a robust disaster health learning community: CREDO, GloHSA, ICDM, and ECDM, a multi-national, multi-disciplinary collaborative network of patients, universities, societies, regulators, publishing, healthcare, and technology partners designed to foster expert level education and training with shared educational design concepts, milestones, and core curricula that embrace the strength of a standardized base upon which to link unique pillars of excellence of separate functions, institutions, nations, and regions.

Results: The Emergency Disaster Global Health Sciences (EDGHS) model developed by University of Texas Southwestern Medical Center is interactive, open, and responsive. EDGHS addresses critical gaps in applied research by convening leaders across the healthcare and public health continuum to map the way forward, designing and implementing high-quality, evidence-based practical and policy research.

This defines essential public health functions for national contexts, including a focus on emergency preparedness and response, strengthening competency-based education on essential public health functions, and mapping and measurement of occupations delivering EDRM functions, offering an exportable model of global relevance.

Conclusion: Putting disaster prevention into recovery processes is a strategic opportunity to improve the well-being of future generations. The survivability and well-being needs of present and future generations are contingent on knowledge-based, lived experiences of recoverable disaster loss and damage, and the capacity to thrive sustainably. This presentation serves as an invitation to join the growing momentum of creating a learning health EDRM community.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s159

doi:10.1017/S1049023X23004144

Disaster Medicine Compendium and the Necessity of Preparation of Medical Techniques for Handling NBC/ CBRNE Hazards, for General Surgeons

Yoshikura Haraguchi PhD, Masami Hoshino, Yozo Tomoyasu, Tohru Tsubata

Tsubatakei Keiyo Hospital, Tokyo, Japan

Introduction: The risks of NBC (Nuclear, Biological and Chemical) or CBRNE (R: radiological, E: explosive) hazards are rapidly increasing even in civilian areas, as well as those of natural disasters (earthquakes, hurricanes, etc.). Therefore, one of the most important and emergent issues for medical staff, especially for general surgeons is the necessity of skills to deal with various mega- or major disasters to help people as well as, protecting themselves. This has been a point of emphasis since 2005, when the Disaster Medicine Compendium was published and continues to be updated today.

Method: The research focuses on NBC/CBRNE hazards: Pandemics such as COVID-19, Monkeypox, influenza, the Tokyo Subway Sarin Incident, and the 2011 Tōhoku Earthquake, followed by Fukushima Plant Incident,

