

**Introduction:** Burn mass casualty incident (BMCI) planning efforts have been in practice and publication for 40+ years. While COVID-19 has no direct connection to burn injuries, the impact of COVID-19 on the healthcare system including burn care was and remains significant.

**Method:** A retrospective analysis of data was conducted voluntarily submitted to the American Burn Association from March 2020 to June 2021 which generally coincides with the first three waves of the pandemic. We focused on the self-reported data specific to the three critical components in managing a surge of patients: staffing, space, and supplies (to include pharmaceuticals and equipment).

**Results:** Staff: These data were collected over a period that coincided with the first three waves seen in the USA. Staffing shortages were noted during each of the surges but were most excessive when a regional surge paralleled surges in other parts of the country (November–December 2020).

Space: Late November and early December 2020, space was in short supply with the surge of patients for more of the region than at any other time during the 28 weeks of reporting. While single facilities reported other episodes of limited space or supplemented with temporary structures, the peak was early December.

Supplies: As the first surge began to subside, the supply shortages were abated. However, as additional surges occurred; the supply chain had not recovered. Supply shortages were reported in greater numbers than either space or staffing needs through the multiple waves of the pandemic.

**Conclusion:** The COVID-19 pandemic directly led to a diminished available capacity for burn care in such a way that it compromised the ability to confront a surge of burn-injured patients. Future BMCI planning efforts must consider this aspect of the process. Crisis Standards of Care may come into play during such an event.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s105–s106

doi:10.1017/S1049023X23002881

### Description of Patients with Out-of-Hospital Cardiac Arrest within 24 Hours of EMS Transport Refusal.

Howard Klausner<sup>1</sup>, Andrea Curtin MD<sup>2</sup>, Robert Dunne MD<sup>3</sup>, Erin Brennan MD<sup>2</sup>, Marc Rosenthal DO<sup>2</sup>, Ryan Reece MD<sup>4</sup>, Damon Gorelick<sup>5</sup>

1. Henry Ford Hospital, Detroit, USA
2. Sinai Grace Hospital, Detroit, USA
3. St. Johns Hospital, Detroit, USA
4. Detroit Receiving Hospital, Detroit, USA
5. Detroit East Medical Control Authority, Detroit, USA

**Introduction:** Patients refusing transportation is common EMS practice with potentially fatal outcomes. Determining which patients are at high risk for poor outcomes is poorly defined. This study described patients who experienced an out-of-hospital cardiac arrest (OHCA) within 24 hours of refusing transportation.

**Method:** This is a retrospective, descriptive study of patients who had an OHCA within 24 hours of refusing EMS transportation between 2019 to 2021. Data was obtained from a large, urban medical control authority seeing 175,000 EMS calls

annually. We reviewed patient demographics, EMS events when transportation was refused, and cardiac arrest outcome.

**Results:** There were 6, 30, and 28 EMS refusals resulting in OHCA in 2019, 2020, and 2021. Patients who had OHCA were 65.7 (range 28–103) years old, and African American (54/64). Patients had HTN (36/64), diabetes (19/64), COPD (11/64), and CHF (7/64). Common complaints included breathing problems (17/64), near syncope (8/64) however chest pain was uncommon (4/64). One (28/64) or two (13/64) abnormal vital signs were present and missing vital signs (28/64) were common. Tachycardia (32.8%, 21/64), HTN (29.7%, 19/64), and hypotension (17.2%, 11/64) were more prevalent in the OHCA population compared to all refusal patients (Tachycardia 0.33% [1,978/598,416], HTN 2.27% [13,601/598,416], and hypotension 0.04% [218/598,416]). Patients were seen by both ALS (29/64) and BLS (35/64) providers. Most providers documented risk including death (38/64) though few contacted medical control (14/64). Return encounter for OHCA resulted in obvious deaths (23/64) or field termination (20/64). Few patients achieved ROSC (7/64).

**Conclusion:** Patients who had an OHCA within 24 hours of refusing transport had underlying comorbidities and abnormal or missing vital signs. The patients experienced tachycardia, hypertension, and hypotension at a higher rate than the overall refusal population. Few patients obtained ROSC. Further research is needed to determine methods to mitigate poor outcomes and decrease refusals.

*Prehosp. Disaster Med.* 2023;38(Suppl. S1):s106

doi:10.1017/S1049023X23002893

### Creating a Disaster Ready Pharmacy Workforce: Evaluation of a Disaster Tabletop Exercise

Elizabeth McCourt PhD<sup>1</sup>, Kaitlyn Watson PhD<sup>2</sup>

1. Royal Brisbane and Women's Hospital, Brisbane, Australia
2. University of Alberta, Edmonton, Canada

**Introduction:** While the importance of pharmacists' involvement in disaster management is becoming increasingly recognized in the literature, there are few mechanisms by which pharmacists can prepare themselves for emergencies. This project aimed to determine the effectiveness of a disaster tabletop exercise (TTX) in preparing pharmacy staff for disasters. **Method:** A TTX was held at the American Society of Health-System Pharmacists Summer Meeting which was held in Phoenix, Arizona in June 2022. The workshop incorporated an evolving emergency scenario in which participants worked through activities pertaining to the mitigation, preparedness, response, and recovery cycle. The scenario involved a hypothetical storm and landside scenario across fictional towns in Arizona, US. Workshop attendees worked in small groups on one of two provided hospital profiles. The attendees were invited to complete a pre-post survey assessing their perceptions of disaster management including perceived preparedness. This survey was previously developed, piloted, and published. The paper surveys were collected at the end of the workshop and inputted into RedCap. Data were descriptively summarized