

Results: There were 74 patients transferred, including 56 from internal medicine and 18 from the surgery ward. Most of the transfers are concentrated within 16 hours. These patients were transferred to 12 emergency hospitals in 6 cities. The average transport time was 1.5 hours and the longest was about 3 hours due to the distance and traffic. The 17 private ambulances and 11 Fire Department ambulances were dispatched and transferred 60 patients. In addition, there were 14 patients evacuated by small buses. No mortality or COVID-19 infection had been reported within 3 days after this mass evacuation, only one patient had been intubated after one hour of arrival to hospital due to condition deterioration.

Conclusion: A hospital evacuation is a complicated process, especially during a pandemic. All infection control measures create difficulties in the patient transfer process. Well-prepared evacuation plans, regular drills, well-trained personnel, an organized command system, and regional cooperation are the keys to mass evacuation in a disaster.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s151-s152
doi:10.1017/S1049023X23003965

Thai Hospitals' Evacuation Preparedness: A Survey Among 42 Hospitals According to the Flexible Surge Capacity Concept.

Phatthranit Phattharapornjaroen MD^{1,2}, Eric Carlström PhD^{3,4,5}, Lina Holmqvist MD, PhD^{4,6}, Yuwares Sittichanbuncha MD², Amir Khorram-Manesh MD, PhD^{1,3,4}

1. Institute of Clinical Sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden
2. Department of Emergency Medicine, Faculty of Medicine Ramathibodi Hospital, Mahidol University, Bangkok, Thailand
3. Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden
4. Gothenburg Emergency Medicine Research Group, Sahlgrenska Academy, Gothenburg, Sweden
5. USN School of Business, University of South-Eastern Norway, Kongsberg, Norway
6. Institute of Medicine, Department of Internal Medicine and Clinical Nutrition, Sahlgrenska University Hospital, Gothenburg, Sweden

Introduction: Hospitals are subject to internal and external threats which could necessitate an evacuation. Such evacuation needs deliberate surge and collaboration, particularly collaborative use of community capacities to handle affected patients, personnel, devices, and hospital structures using consensus systems. Therefore, it is crucial to identify hospital evacuation procedures' flaws and assess the possibility of implementing measures using community resources. This study aimed to explore Thai hospitals' current evacuation readiness and preparation regarding surge capacity and collaboration according to the Flexible Surge Capacity concept.

Method: The previously used hospital evacuation questionnaire was adopted. It contained relevant questions about hospital evacuations' responses and preparedness encompassing surge capacity and collaborative elements and an open-ended question to collect possible perspectives/comments.

Results: The findings indicate glitches in evacuation protocols and triage systems and inadequacies in surge planning and multi-agency collaboration. Additionally, it was evident that hospitals had limited information about communities' capabilities and limited collaboration with other public and private organizations.

Conclusion: Although implementing the measures for concept integration to hospital evacuation is challenging, pragmatic research exploring planning for community engagement according to the flexible surge capacity to build a concrete hospital evacuation plan would enhance hospital readiness and its generalizations. The latter needs to be tested in simulation exercises.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s152
doi:10.1017/S1049023X23003977

Attitudes of Members of Public to Mass Casualty Incidents in Singapore

Yao Qun Yeong MBCChB, BSc (Hons), MMed^{1,2}, Sean Kong BSc³, R Ponampalam MBBS, FRCSEd (A&E), FAMS, GDip Occupational Medicine (NUS)¹

1. Singapore General Hospital, Singapore, Singapore
2. Singhealth Residency, Singapore, Singapore
3. Duke-NUS Medical School, Singapore, Singapore

Introduction: Mass casualty incidents result in mass casualties at short notice and stress healthcare systems. Research shows the critical potential role laypersons have by providing time critical intervention, on-scene, while awaiting arrival of emergency services, thus reducing mortality.

This study aims to demonstrate the attitudes of laypersons to responding to mass casualty incidents in Singapore.

Method: Laypersons were invited to participate in a pilot course aimed at training laypersons principles and interventions for mass casualty incidents. This was developed by the Disaster Volunteer Corps of Singapore General Hospital Department of Emergency Medicine. Respondents were invited to answer a questionnaire which aimed to explore knowledge and prior experiences, willingness, attitudes, and readiness. Descriptive statistics were analyzed, and free-text responses were categorized into various headings by theme.

Results: A total of 29/30 course enrollees responded to the questionnaire. Twenty (69%) participants were female. The median age was 50 years old (IQR 35-56.5). Most of the participants were employed (82.7%) and were Singapore Citizens (89.7%).

65.5% had no previous experience with first aid, and none had experience with MCIs. Understanding of mass casualty incidents was poorly understood, 1.42/5 (± 0.56).

Respondents were most willing to assist in conventional disasters as compared to other types. Competency in voluntary role and altruism were the most important motivators as compared to compensation which was the least.

Overall, there is a high understanding that Singapore is at risk of disasters but most respondents do not have emergency plans in place for disaster situations.

Conclusion: This study shows that while laypersons are willing, most do not have the knowledge or experience to respond to