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