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Introduction: The October 7, 2023, Hamas attack on Israel resulted in hundreds of fatalities, abductions, and hospitalizations, marking the beginning of the ongoing war. This mass casualty incident (MCI) overwhelmed the medical system and demanded unprecedented civil-military coordination in response to ongoing terrorist assaults. The World Health Organization's Civil-Military Coordination (CIV-MIL) framework underscores the necessity of collaboration in emergency response, particularly in conflict zones. This study examines sustainable strategies for integrating military and civilian medical capabilities to improve disaster preparedness and response in war-affected areas, using the Israeli experience to inform a model applicable to similar global high-risk scenarios.
Methods: The documented files of the medical cooperation plans between the Israel Defense Forces Medical Corps and three hospitals for use in a possible escalation of hostilities, written from 2020 onward, were reviewed. All documents were compared, and points of incompatibility or inaccuracy in coordination between the entities were identified. The results were presented to twelve senior officials in the IDF Medical Corps and the Israeli Health System through semi-structured interviews to obtain their opinions through open interviews regarding the strategy required to enhance disaster preparedness.
Results: Document analysis revealed four critical coordination gaps: hospitals lack awareness of available military medical resources, army medical records remain undigitized, large-scale mass casualty drills are infrequent, and helicopter transport for the injured is improvised on an ad hoc basis. Interviews highlighted three predominant themes: inadequate exercise budgets, independent organizational planning that wastes resources and hinders preparedness, and staff turnover impacting emergency preparedness.
Conclusion: This study is crucial as it highlights one of the most significant aspects of emergency response: the importance of routine long-term coordination and planning. In any context where there is cooperation between military and civilian entities, it is essential to consider the results of this study as the foundation for a work plan.

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REM, CRSEM, NORIA and TrackMi Montérégie: Long-Term Disaster Planning Initiatives in the Montérégie Area (Quebec, Canada)

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Summary: As part of its responsibilities for the "Health Mission" in Montérégie (1.5 million inhabitants, 11 000km^2), CISSS de la Montérégie-Centre adopted a Code Orange strategy and initiated the REM project in January 2022. In collaboration with regional partners, REM is a continuous improvement project aimed at analyzing major events and their impact on hospitals, as well as identifying performance indicators and optimizing time-dependent patient trajectories during multi-casualty incidents (MCI).

REM project led to the creation of the Regional Committee for the Simulation of Major Events in Montérégie (CRSEM) and the implementation of the NORIA Regional Simulation Program. In the Fall 2023, the CRSEM carried out two simulation exercises: NORIA1 (table-top) and NORIA2 (functional). The NORIA2 activity simulated exchanges between various regional partners (911 call center, police, fire department, ambulance services, regional coordination, hospitals) during a fictitious bus accident and demonstrated the added value of a real-time digital casualty traceability tool.

To ensure optimal use of a digital MCI tool, it is important to train paramedic teams in its use during routine activities. As a result, in partnership with an EMT technology firm, CISSS de la Montérégie-Centre established the TrackMi Montérégie project (2024). An existing mobile tool designed for the rapid exchange of MCI information was modified to also collect routine prehospital data to optimize clinical trajectories and hospital fluidity. The application supports geolocation of patients en route to the hospital and a secure web-based platform for real-time data analysis.

Optimal hospital management depends on its alignment with pre-hospital resources and the timely transfer of validated information. Technology has the potential to improve patient tracking, communications, coordination, and incident management. Simulation exercises foster communication and collaboration among different organizations. Together, the above-mentioned initiatives in the Montérégie area have improved disaster preparedness and, as a result, the resilience of responders and communities.

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Safe Hospital Tools Diversity in ASEAN: A Scoping Review

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Introduction: The Safe Hospital concept, integrated into the 2015 Sendai Framework for Disaster Risk Reduction, enhances healthcare resilience globally. The increasing frequency and intensity of hazards due to natural or non-natural incidents highlight the need for safe hospital tools to ensure preparedness, resilience, and response in times of crisis. This study aims to explore the tools used to evaluate the level of hospital preparedness in ASEAN regions.
Methods: The scoping review protocol was based on the criteria of the Joanna Briggs Institute. Eligibility criteria were as follows: (1) empirical study published in a peer-reviewed journal;

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(2) used tools to assess, study, or measure the level of hospital preparedness in ASEAN; (3) data collected in the hospital setting in ASEAN member states; and (4) studies published in English. The electronic literature searches of English articles enlisting ASEAN countries published between 2018 and 2024 were conducted using PubMed, Elsevier, ProQuest, ISI Web of Science, and Google Scholar databases. The keywords of sub-title searching were "hospital", "disaster", "emergency", "hospital preparedness", "hospital readiness", "hospital assessment", "hospital evaluation", "tools", "checklist", "health facility", and "medical facility" in combination with the Boolean operators "OR" and "AND."

Results: 16 articles from 17,800 publications were included in the final analysis. Findings showed some safe hospital evaluation tools with a diverse range of approaches. Some countries adopt the WHO Hospital Safety Index, have customized tools to address unique regional vulnerabilities, while others do not appear in the search engine. The result indicated the challenge of applying evaluation standards among countries and the incorporation into national health policies.

Conclusion: This review offers insights into the diverse safe hospital tools in ASEAN, providing a basis for the harmonization of disaster health management in hospital practices.

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Community Emergency Response Teams in Israel after October 7, 2023

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Summary: On October 7, 2023, over 6,000 Hamas terrorists from Gaza invaded border communities in Israel, killing more than 1,200 people, mostly civilians, and injuring 1,455. In addition, 239 Israelis and foreign nationals were taken hostage, resulting in the country's largest mass casualty event (MCE). Magen David Adom (MDA), Israel's National Emergency Pre-Hospital Medical and Organization, began establishing Community Emergency Response Teams (CERT) based on the concept developed by the Federal Emergency Management Agency (FEMA) in the United States. The teams, all volunteers, consist of physicians, nurses, paramedics, and EMTs who focus on primary care for victims, especially in situations where immediate evacuation is not possible or when resources are limited. The volunteers are vetted and registered by MDA. Following recruitment, the volunteers undergo comprehensive training, including prehospital trauma life support, search and rescue medicine, and MCE management. In addition to the technical training, emphasis is placed on developing teamwork skills and cooperation with other emergency agencies, including the fire department and the police. Particular emphasis is placed on scenarios simulating complex "desert-island" emergencies, in which it is necessary to treat the victims for a prolonged period until they can be evacuated. The teams are trained to work in three different areas: the disaster site, the treatment station, and the observation station.

So far, 11,441 volunteers have been recruited to cover 593 community teams throughout Israel. Of the volunteers, 1,890 received equipment for basic first aid, 6,419 received equipment for basic life support, and 719 received equipment for advanced life support. In addition, 10,000 on-call volunteer first responders have already registered with MDA.

Some of the model's challenges include hazardous working conditions, limited resources, and communication issues from damage to existing infrastructure. Advantages of the community model include high availability, rapid response, and local knowledge.

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Emergency and Disaster Preparedness for Healthcare Professionals in Singapore's Emergency Department: A Two-Pronged Approach through Training and Simulation — Field Report

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Summary: Healthcare professionals in Emergency Departments (EDs) must be prepared to handle mass casualty incidents (MCIs) that can strain resources and impact care quality. Despite Singapore's low risk of natural disasters, its vulnerability to incidents like plane crashes and terrorist attacks necessitates comprehensive disaster planning. This includes readiness for CBRNE threats and HAZMAT decontamination. During civil emergencies, public hospitals in Singapore mobilize resources like Field Medical Teams (FMT), civil emergency (CE) personnel, and HAZMAT decontamination stations (HDS). Sengkang General Hospital (SKH) ED employs a two-pronged approach of lectures and simulations for training. About 50 ED healthcare professionals participated in a program organized into three groups: FMT, CE, and HDS. In the lectures, participants gained knowledge about civil emergencies, workflows, and their specific roles during MCI activation. This was complemented by simulations conducted every two weeks. FMT simulation focuses on efficiently deploying support teams from the hospital to incident sites. CE participants utilize building blocks for a tabletop exercise to visualize the department's layout and processes during MCI activation. HDS participants train to don hazmat suits quickly and set up a decontamination area. SKH ED also conducted a full-dress rehearsal simulating a massive MCI activation involving all participants. The two-pronged approach enhances understanding and interactive learning through safe simulations, thereby boosting emergency preparedness. As a relatively new hospital, SKH ED greatly benefits from these simulations. However, training is limited by time constraints and the specific qualifications required for different roles, such as an Advanced Diploma in Emergency Medicine or

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