through reports on activities reached, training outcomes, and policy influence.
Results: The EDHA program reached over 82,000 individuals, comprising 57,000 community members who gained public health information and 25,000 medical students and professionals who enhanced their disaster preparedness skills. Training evaluations showed a 65% increase in knowledge retention and a 70% improvement in disaster response skills. Policy discussions in five countries led to local advancements in disaster preparedness. The humanitarian campaigns delivered critical aid, including medical supplies, to areas affected by crises, ensuring direct community benefit and strengthening local health resilience.
Conclusion: The IFMSA EDHA program builds disaster resilience in vulnerable populations through education, advocacy, and community aid. This program also empowers future healthcare leaders to create effective and responsive health systems in times of crisis.

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Outcome and Critical Care Resources Consumed by Do Not Resuscitate (DNR) Versus Non-DNR Cases Admitted to the ICU at a Tertiary Hospital in Saudi Arabia, a Retrospective Review From Critical Care Databases

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Introduction: The Do Not Resuscitate (DNR) order aims to prevent futile interventions when the medical prognosis is poor. This study evaluates resource utilization by DNR patients in the Intensive Care Unit (ICU) and compares it with non-DNR patients, addressing a gap in research within Saudi Arabia.
Methods: We conducted a retrospective analysis of 7,104 patients admitted to the ICU at King Abdullah Medical City, Makkah, from January 2016 to June 2023. Patients were categorized into DNR and non-DNR groups. Data were extracted from the critical care registry and analyzed descriptively. The chi-square test assessed resource utilization outcomes between the two groups post-DNR decision.
Results: Among the 7,104 patients analyzed, 988 were classified as DNR, while 6,116 were non-DNR. Notably, DNR patients had a mean age of 61.4 years, significantly older than the non-DNR group at 55.9 years ($p < 0.001$). The mortality rate for DNR patients was markedly higher at 85.1%, compared to just 10.2% for non-DNR patients ($p < 0.0001$). Furthermore, DNR patients utilized a substantial amount of critical care resources, with 88.9% requiring mechanical ventilation versus 41.4% in the non-DNR group ($p < 0.001$), and 28.6% receiving Continuous Renal Replacement Therapy (CRRT) compared to 6.7% ($p < 0.001$). The mean length of ICU stay was also significantly longer for DNR patients at 20.4 days, in contrast to 8.0 days for non-DNR patients ($p < 0.001$). Additionally, a higher percentage of DNR patients received two or more antibiotics (76.1%) compared to 56.8% of non-DNR patients ($p < 0.001$).
Conclusion: DNR patients consumed substantial healthcare resources post-DNR decision. Optimizing physician approaches toward DNR patients is essential to balance resource allocation and patient comfort in terminal cases.

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Remember Autistics Before and After Disasters

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Summary: Disasters are challenging and traumatic for autistic individuals. They may be sensitive to sensory stimuli, causing them to become overwhelmed because of chaos and noise. Communication difficulties can make it difficult for them to get help or connect with loved ones during disasters. The purpose of this study is to ensure that autistic individuals are recognized and considered in disaster preparedness efforts.
Challenges for Autistics:
Sensory difficulties may lead to panic attacks, sleep disorders, and other behavioral problems. Communication difficulties can make it difficult for them to get help or express their needs. Social difficulties can make it difficult for them to find support or connect with new people during a disaster. They may also experience anxiety in crowds.
Changes in routine cause significant stress and anxiety.
Safety risks. During disasters, autistic individuals may be at risk of getting lost or injured. They may also have difficulty taking the necessary steps to protect themselves.
In disasters, officials need to recognize autistic individuals and provide them with special support. Some common characteristics of autistic individuals:
Avoids eye contact.
Makes repetitive movements.
Has a limited range of languages
Difficulty understanding social rules.
Hypersensitivity or insensitivity to sensory stimuli.
Needs routines and stability.
Some behaviors shown by autistic individuals during disasters:
Confusion.
Anxiety.
Agitation.
Shutdown or self-isolation.
Risk of loss.
Difficulty protecting oneself.
Tips that can help identify autistic individuals:
Look for an identification bracelet or card.
Be patient and understanding.
Speak calmly and avoid eye contact.
Consider sensory needs: Use pictures or simple language instead of giving complex instructions.
Help establish routines.
Get expert support if necessary.

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Recognizing autistic individuals during disasters and providing them with special needs is one of the most essential achievements for a resilient society.

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Policy Changes During Crisis: A Case Study of the National Milk Bank Guidelines

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Introduction: Emergencies can disrupt infant feeding patterns, compromising maternal-infant nutritional access. However, even in times of crisis, breast milk is the most secure source of nourishment for infants. In crises, milk banks may serve as alternative nutrition sources. This study examines policy modifications during a crisis.
Methods: This case study analyzes the policies of the Ministry of Health and National Milk Bank on breast milk donation in Israel. It compares both the recipient criteria and donor criteria before and after October 7, 2023, when the war began.
Results: On October 9, 2023, the Ministry of Health published an emergency "Guidelines for breast milk donations" expanding eligibility for receiving breast milk. In addition to the routine eligibility of premature infants (< 32 weeks gestation and/or < 1.5 kg), breast milk will also be available to:

1. Infants ≤6 months: maternal absence due to crisis (injury, abduction, or death)
2. Infants ≤6 months: maternal military recruitment
3. Infants 6-12 months: maternal absence/recruitment, formula intolerance (due to allergy or other)
4. War-injured infants ≤12 months: recovery requirement
5. Any medical condition requiring breast milk, such as an oncological condition, based on a document from a medical expert.

Regarding the ability to donate breast milk, the only change found was the removal of the criterion for using breast pumps from certain models.
Conclusion: The Israeli Ministry of Health and the National Milk Bank implemented significant policy revisions during the war's initial phase, primarily updating and expanding the criteria for receiving breast milk to include maternal conditions and address unique wartime circumstances, while donor eligibility criteria remained largely unaltered. In light of ongoing crises and the controlled availability of breast milk, a re-evaluation of milk donation policies is necessary. Easing donor criteria could potentially extend optimal nutrition access to more infants.

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Novel Tools to Monitor the Effect of a Major Conflict on Mental Health – the Case of the Israeli Public's Response to the October 7th War

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Introduction: The terror attacks on October 7th, 2023, and the war that followed, have had a profound impact on the mental health of the Israeli population. The presentation will provide a comprehensive analysis of mental health outcomes following the war, incorporating data from multiple data sources.
Methods: The research focuses on the prevalence and correlates of post-traumatic stress disorder (PTSD), emotional distress, and substance use, utilizing a combination of traditional epidemiological methods, including medical records analysis and surveys with innovative data collection techniques. PTSD, anxiety, and depression, as well as quality of life, were measured in different populations and correlated with other data sources, including Google Trends™ of Spotify™ music application data regarding Israel.
Results: 31.4% of participants screened positive for PTSD approximately one month after the attacks, and significant increases in the use of tobacco, alcohol, tranquilizers, and sleep medications were reported. Younger age, female gender, and higher levels of exposure to the attacks were associated with increased PTSD and emotional distress. Google Trends identified an increase in searches related to depression, anxiety, and PTSD, and Spotify music preferences in Israel detected a decrease in songs' valence, as defined by Spotify's algorithm.
Conclusion: This study highlights the critical need for targeted mental health interventions and support mechanisms to address the widespread psychological impact of the October 7th war and to monitor its effects in various populations. These findings provide valuable insights for mental health professionals and policymakers in Israel and globally.

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Ethical Allocation of Scarce Medical Resources and Crisis Standards: Exercising Disaster Ethics

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Summary: More than four years after the start of the COVID-19 pandemic, many states in the United States have not approved a framework for the ethical allocation of scarce medical resources and/or the invocation of Crisis Standards of Care (CSC) in their state emergency operations plans.

This report discusses a pragmatic approach to socialization of and education about such a guidance document, through structured tabletop exercises for leaders of regional Healthcare Coalitions (HCCs) in the State of Michigan. In Michigan, the State Disaster Medical Advisory Committee revised previous state guidance on the ethical allocation of scarce medical resources during the pandemic. Revisions included a more nuanced use of scoring systems predictive of mortality (some of which have been deemed potentially disadvantageous to certain racial groups), consideration of the perspectives of the disability community, and a greater emphasis on the ethical duty to plan so that CSCs need not be invoked.

Detailed presentations to Regional HCCs were conducted throughout the state, immediately followed by a structured

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