52.41%. Over 90- year-old presentations increased from 365 (1.25%) in 2014 to 895 (1.81%) year to date 2024.
Conclusion: ED attendances in general rose over the 11 years examined (41.00%); however, the rise in over-80s attendances greatly exceeded this (52.41%). This cohort of patients is more likely to require additional services such as frailty team, occupational therapy, semi-urgent primary care follow up and transport away from the ED when discharged. A larger proportion of this cohort will also require admission, indicating a growing trend in admissions, also of a cohort likely to have a longer length of stay, with implications for acute bed capacity at a time when capacity overall is constrained.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s48–s49
doi:10.1017/S1049023X26102775

Preparing Healthcare Practitioners for International Partnerships: Cultural Competency for Increased Capacity

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Introduction: This study replicates the experiential learning approach developed by Hodza-Beganovic et al. (2021), which focused on enhancing non-technical skills (NTS) for healthcare professionals in preparation for international collaborations. Non-technical skills, such as teamwork, leadership, and cultural awareness, are essential for effective healthcare delivery in diverse settings. This study specifically explores how experiential learning can improve and bridge cultural differences in healthcare partnerships.
Methods: A workshop was conducted in Sweden with healthcare practitioners to strengthen their preparedness for international partnerships. The session incorporated survey-based experiential learning, following an iterative process of individual reflection, small group discussions, and contextualization. Each step encouraged participants to explore cultural competencies necessary for effective communication and collaboration in varied healthcare settings.
Results: Preliminary findings indicate an increase in participants' awareness of cultural differences and communication skills. Participants reported improved confidence in handling cross-cultural scenarios and expressed a clearer understanding of the value of cultural sensitivity in international healthcare settings. Reflections captured from group discussions highlighted the role of structured, experiential methods in fostering open-mindedness and adaptability.
Conclusion: The experiential learning approach shows promise in preparing healthcare practitioners for international collaborations by enhancing their cultural competence and non-technical skills. This workshop format could serve as a model for other institutions seeking to build resilient healthcare teams equipped for global engagement.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s49
doi:10.1017/S1049023X26102787

Humanitarian Medical Management Using the Emergo Train System

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Introduction: Healthcare needs from mass casualty events in humanitarian crises require trained personnel to manage complex patient care in challenging environments. Healthcare for humanitarian responses in conflict-affected contexts is characterized by staffing and material constraints, public health risks, mental health challenges, damaged infrastructure, the necessity for coordination between Ministries of Health, NGOs, and other international organizations, and risk to the safety and security of healthcare providers. There is a higher probability of conflict related mass casualty events. To improve preparedness, an adapted training resource was developed using the Emergo Train System (ETS) in collaboration with the International Committee of the Red Cross and Region Östergötland. ETS, an adaptable simulation platform, enables teams to practice managing critical patient flow scenarios, enhancing capability and capacity for patient care in mass casualty incidents in conflict settings.
Methods: The module was iteratively designed based on ETS's validated processes and customized for humanitarian settings. It underwent testing with health care personnel working in conflict settings, incorporating feedback from simulation instructors. Testing involved realistic contextualized scenarios that were easy to use, relevant, and supported capacity building.
Results: The Humanitarian set was used in Ukraine, Nigeria, Yemen, and Somalia, where feedback was positive. The module was reported as highly relevant, easy to navigate, and valuable for capacity building. It improved the ability to perform triage of patients and enhanced healthcare workers' communication and collaboration. Feedback indicated that the simulation supported skill acquisition in decision-making, contributing to a better-prepared healthcare workforce in conflict-affected settings. The set was further improved with roadblocks, military vehicles, religious buildings, and tented structures.
Conclusion: The ETS-based module has proven effective in enhancing the readiness and competency of healthcare providers in humanitarian settings. This collaborative effort showcases the potential of ETS for capacity building, supporting the ICRC's goals of delivering healthcare in crises.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s49
doi:10.1017/S1049023X26102799

Business Continuity Plan: Emergency Care in the Time of Crisis

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Summary: The ability of a healthcare entity to serve its community during and after a disaster begins with a foundational indicator: remaining operational. This factor is facilitated by a

https://doi.org/10.1017/S1049023X26102799 Published online by Cambridge University Press