2. Harvard University, United States
3. Eastern Regional Health Authority, Trinidad and Tobago
4. University of the West Indies, Trinidad and Tobago
5. PAHO Mass Casualty Management Instructors, Trinidad and Tobago

Summary: Trinidad and Tobago allocates 3.3% of its Gross Domestic Product (GDP) to health care. The most common hazards are storms and flooding, which have a direct financial impact, accounting for up to 5.7% of GDP. Nations and health systems can benefit from savings of up to $13 for every $1 invested in mitigation. East Trinidad is vulnerable to climate change, prompting the need for disaster preparedness by the semi-autonomous Eastern Regional Healthcare Authority (ERHA), which is responsible for the region. Engaging the framework of clinical governance, education, and training was the pillar upon which readiness was developed. This need will continue to be exacerbated by climate change. The ERHA collaborated with the Pan American Health Organization, facilitated through the Ministry of Health, to deliver didactic, multi-sectoral courses designed to improve the response skills of healthcare providers in Mass Casualty Management between 2022 and 2024. This included practical sessions, which were assessed by trained local and regional instructors. There were positive outcomes from this standardized education and training program, involving four cohorts of 285 participants, which included both clinical and auxiliary staff from hospital and community-based services. Immediate assessment demonstrated mean pretest to post-test scores improving from 58% to 74%. Feedback included participants' desire for continuous training and integration of clinical scenarios. The key long-term outcome has been the successful coordination of two drills in 2024 involving multiple facilities. The authors find that this experience demonstrates the importance of cultural paradigm change needed to bridge existing clinical and academic gaps. This can be effectively instituted with strong leadership in the governance of the health care system, which must focus on disaster readiness. Small Island Developing States (SIDS) and other resource-limited countries are encouraged to adopt a similar model of standardized training to establish a foundation for disaster response.

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Exploring the Functionality and Challenges of EMT Members and EMTCC on WHO EMT MDS Data Collection Tools: A Qualitative Study

Inn Kynn Khaing MB, BS, MPH, MSc,[1], Tatsuhiro Nagata PharmD[1], Hanako Ogawa RN[1], Yuki Takamura RN[1], Salio Flavio[2], Odgerel Chimed-Ochir MD, MPH, PhD[1], Tatsuhiko Kubo MD, PhD[1]

1. Department of Public Health and Health Policy, Graduate School of Biomedical and Health Science, Hiroshima University, Japan
2. Emergency Medical Teams, World Health Organization, Switzerland

Introduction: WHO adopted the Japanese-Surveillance in Post-Extreme Emergencies and Disasters (J-SPEED) concept under the name EMT Minimum Data Set (MDS) as a data collection tool to be used globally in 2017, and it was first utilized in the 2019 Idai Cyclone in Mozambique. Despite its widespread use, there has been a lack of investigation into the perspectives of EMT members and EMT Coordination Cells (EMTCC) regarding the effectiveness and challenges of the WHO EMT MDS tools during disasters. This study examines the effectiveness and difficulties encountered by EMT members and EMTCC using the WHO EMT MDS data collection tools in disaster contexts.

Methods: An exploratory qualitative design was employed. A semi-structured interview was conducted among thirty-three EMT members, and in-depth interviews were carried out among ten EMTCC members overseas via video conferencing. It comprises questions addressing the type of MDS tools used, simplicity, usefulness, timeliness, data quality, and any challenges encountered in data collection and handling during disasters. The data obtained were subjected to analysis through thematic analysis.

Results: Thirty-three EMT members indicated that WHO EMT MDS data collection tools positively impacted data collection efficiency and patient care in disasters. Identified challenges included human resources, technical issues, infrastructure, and items in the MDS tools. The findings from ten EMTCC representatives yielded six themes: accessibility and quality of data collection tools; benefits of MDS data collection tools, provision of training for data entry to new EMT members, challenges faced during coordination; and recommendations to improve the data collection tools.

Conclusion: The outcome of the study will elucidate the strengths and limitations of MDS data collection tools, contributing to evidence for the guidelines and a video for the effective use of WHO EMT MDS tools by EMT members during disasters and medical emergencies for international efforts to improve disaster response outcomes.

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Pilot Training Program on Hands-Only CPR and Choking First Aid for Frontline Police Responders in Rural Nepal

Ghan Thapa MD[1,2], Derek Lubetkin MD[3], Ramu Kharel MD, MPH[3,2]

1. Grande International Hospital, Nepal
2. HAPSA Nepal, Nepal
3. Brown University, United States

Introduction: Basic life support (BLS) is an emergency skill that includes performing appropriate cardiopulmonary resuscitation (CPR). Out-of-hospital cardiac arrest (OHCA) is a leading cause of mortality worldwide and is rising in Nepal, the country with high vulnerability, 11th and 16th globally to Earthquakes and multi-hazards, respectively. After an OHCA event, a bystander starting CPR quickly has been shown to increase the survival rate. While the Nepali police are generally the first responders to the disasters and emergencies in rural parts, they are not trained in BLS. This program assesses a pilot training of hands-only CPR and choking first

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