threats, and preferred educational resources were collected. Descriptive statistics and odds ratios (OR) with 95% confidence intervals were used for analysis.
Results: Of the 104 respondents, most were attending physicians (88%) working in healthcare or academic settings (73%), identifying as Millennials or Generation X (91%), with a median practice duration of 8 years. Commonly experienced disasters included winter storms, hurricanes, floods, power outages, and infectious disease outbreaks. Mass shootings and cyberattacks were perceived as the biggest threats despite limited direct experience. Preferred resources were electronic newsletters and professional associations, while during disasters, social media and real-time electronic sources were favored.
Conclusion: Pediatricians' awareness of potential disaster threats exceeded their direct experiences, highlighting key areas for targeted educational interventions. The preference for digital and social media resources during disasters reflects a broader shift towards more accessible, timely education formats that are applicable across healthcare professions. While this study focused on pediatricians, the findings can be generalized to healthcare providers more broadly, emphasizing the importance of disaster education that leverages digital and social media channels to ensure clear, actionable information. This approach is crucial for public health and healthcare organizations to effectively inform healthcare providers during ongoing disaster situations.

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Adapting First Responder Efforts During Heightened Alert and Wartime

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Introduction: During heightened alert and wartime, first responder responsibilities expand significantly. Since ambulance services are a limited resource, rescue services take on additional roles, such as transporting patients and injured individuals from structural collapse. A workshop was conducted to produce activity suggestions for adapting the rescue services towards handling the additional tasks during wartime and heightened alert.
Methods: The research team's task was to design and test an evaluation model that allowed for the systematic development of action proposals maturing from evaluations to ensure effective use of resources.
Results: A structured workshop was conducted, engaging numerous stakeholders, to test the model for systematic generation of activity suggestions. The methodology shares characteristics with Engeström's activity theory, specifically the process of expansive learning and the change laboratory model, but was adapted to fit the time and resource constraints typical of disaster response planning. Our approach retained core aspects of activity theory while enhancing efficiency and scalability for broader participation. The compressed, interactive format enabled robust input from a diverse group of responders and administrators, supporting rapid iteration and feedback.
Conclusion: This model demonstrates a viable, systematic approach to evaluating and enhancing first responder efforts under challenging conditions. By adapting activity theory principles to a condensed timeframe, we created an accessible tool that can streamline planning and preparedness for expanded emergency roles. This evaluation model holds promise for broader applications in civil defense and emergency management, particularly where quick yet thorough participatory assessments are required.

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Incorporating the Pediatric Trauma Module Into Singapore's Disaster Medical Responders' Course

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Introduction: In a mass casualty incident, adult medicine-trained emergency physicians and nurses may need to treat pediatric casualties, as part of Field Medical Teams (FMTs) deployed to pre-hospital First Aid Posts. These healthcare professionals are often unaccustomed to managing pediatric patients, who present relatively infrequently to adult general hospital emergency departments in Singapore. A pediatric pre-hospital trauma module was developed to address this gap in knowledge and skills, potentially improving the survival of pediatric casualties in a disaster scenario.
Methods: The pediatric module was embedded in the National Disaster Medical Responders' Course (DMRC) to ensure all emergency medicine medical and nursing staff would progressively benefit from this training. The learning objectives included: 1) effective clinical management of pediatric trauma in a pre-hospital environment with limited medical resources; 2) efficient management of team dynamics in organizing the FMT's response to pediatric trauma management in a pre-hospital environment; and 3) accurate prioritization during pediatric trauma triaging and evacuation to hospital in a pediatric-predominant mass casualty incident. The curriculum included the following aspects: triage; initial assessment and primary survey; airway, breathing, circulation, and disability considerations focusing on differences between adult and pediatric patients; and team dynamics. Course content was delivered via pre-recorded lectures (given the ongoing COVID-19 pandemic) and hands-on skill stations in small groups.
Results: From April 2022-August 2024, 50 courses with 1144 participants from public healthcare institutions were conducted.

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