Individual and Organization Training for Developing Health Disaster Management in Indonesia: Academic Roles

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Introduction: According to the Indonesia Index Disaster Risk 2023, disaster events occurred in almost all regions of Indonesia. Out of 514 districts/cities, disasters occurred in 451, or 87% of the total. There are many strategies and regulations issued by the Governments, one of which is the Regulation of the Ministry of Health MoH Regulation number 75 of 2019 concerning Health Crisis Management. The Center for Health Policy and Management (CHPM) at the Faculty of Medicine, Public Health and Nursing, University Gadjah Mada (FK-KMK UGM), as a policy center in academic settings, must integrate these policies to develop programs. What support can be provided to develop disaster health management?
Methods: A review of all field report activities, webinars, seminars, training, workshops, and mentoring that had been conducted by Division Disaster Health Management, CHPM FK-KMK UGM during 2024.
Results: There are two activities conducted for individual training: the Webinar on Disaster Health Management and the Seminar on Emergency Medical Team. Five activities for organization training that all aim to arrange and assist public health centers, hospitals, and district health offices to prepare a Health Disaster Plan. The total number of participants in individual training was 195, and in organizational training, there were 25 institutions. The evaluation result showed that participants need all this training, and it is very relevant to their work. In addition to increasing their capacity, preparing for health disaster plans is an urgent issue for health sectors to develop an operational planning document for handling disasters.
Conclusion: Academic roles in developing health disaster management extend beyond the curriculum to include policies focused on training and mentoring. In addition, the consultants in the Division of Disaster Health Management, CHPM FK-KMK UGM, are committed to supporting health sectors in developing practical, evidence-based policy and management solutions for health disaster planning.

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Development of an In-Hospital Patient Bank for the Emergo Train Simulation Platform to Enhance Hospital Capacity

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Introduction: The Emergo Train System (ETS) is a critical simulation tool widely used to train healthcare professionals for emergency and disaster scenarios. However, traditional ETS applications focus on prehospital mass-casualty events and surge capacity in the acute chain, excluding in-hospital ward dynamics. Here, a specialized patient bank tailored to in-hospital patients enables hospitals to simulate daily operational challenges such as patient surge and, in case of hospital emergency training, evacuation processes.
Methods: The patient bank was developed using a structured workflow, which involved defining patient profiles and integrating diverse healthcare needs that reflect the complexities of in-hospital scenarios. The patients in this bank span various medical needs encountered in daily hospital operations, facilitating realistic training in patient management and interdepartmental coordination. The patient bank was pilot tested in exercises at three hospitals to assess its applicability and effectiveness in simulating daily hospital activities and surge capacity. Data were collected through exercise instructor feedback as well as observational analysis to refine patient scenarios and enhance realism.
Results: The exercises demonstrated the versatility of the ETS patient bank in simulating real-time hospital operations. Instructors reported a dynamic training experience, highlighting that the bank could be used to improve preparedness for managing in-hospital surge capacity and evacuation processes. Feedback indicated that the simulated scenarios closely resembled daily hospital workflows, enhancing the perceived relevance and practical application of the training.
Conclusion: This specialized ETS patient bank addresses a significant gap in hospital preparedness training, providing an innovative tool to simulate routine in-hospital activities and crisis responses. This in-hospital patient bank represents a valuable expansion of ETS, broadening its utility beyond disaster scenarios to hospital preparedness. The successful implementation across multiple hospitals exercises suggests its potential for wider adoption, providing an impactful resource for training healthcare personnel in both routine and crisis settings.

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Pediatricians' Perceptions and Preferences for Disaster Education: A Survey Study

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Introduction: The increasing frequency of global disasters highlights the need for timely, effective disaster education for healthcare providers. This study assesses pediatric providers' experiences with disasters, perceptions of potential threats, and educational preferences to improve preparedness.
Methods: A survey was conducted among pediatricians affiliated with the American Academy of Pediatrics (AAP) Chapters in Washington, D.C., Maryland, and Virginia from February to April 2024. Data on personal disaster experiences, perceived

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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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