

Discussion: Frequently, the public health emergency operation center in an affected country is not able to obtain the critical information of an affected area in the acute phase of disasters. This HNA tool would be used in the acute phase by the Emergency Medical Teams (EMTs) because the EMT has mobility and workforce for assisting the affected country. We have agreed on the usage of the assessment form as a kind of an “interview guide”. The purpose of this assessment form is to assess a disaster situation. The next step will be to provide more opportunities for the ASEAN member states to use and learn more about this HNA form.

Prehosp Disaster Med 2019;34(Suppl. 1):s134–s135
doi:10.1017/S1049023X19002942

HESPER SW: A Web-Based Tool to Assess Needs

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Introduction: The Humanitarian Emergency Settings Perceived Needs Scale (HESPER) evaluates experienced needs among disaster-affected populations and has been frequently used in both humanitarian emergencies and research. Today, the use of this tool is increasing among people affected by crises and emergencies. Web-based methods have shown to reduce several methodological and practical challenges in disaster health research.

Aim: This project aims to develop and evaluate HESPER SW (a self-administered, web-based version of the HESPER scale).

Methods: Alternative reliability and test-retest validity of HESPER SW were evaluated using different analytic statistical methods.

Results: The first analysis suggests that HESPER SW is a reliable and valid instrument which is easy to use and that it reduces several methodological and practical challenges in disaster health research.

Discussion: HESPER SW can be used both for humanitarian and research purposes and offers a quick, self-administered, web-based, and scientifically robust way to investigate experienced needs in populations affected by disasters or humanitarian crises.

Prehosp Disaster Med 2019;34(Suppl. 1):s135
doi:10.1017/S1049023X19002954

The HOPE Model for Disaster Nursing

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Introduction: Despite a large number of nurses involved in disaster situations in different ways, there are few theories or models that define and describe the goal and content of disaster nursing.

Aim: This study aimed to present a model for disaster nursing, based on a literature review of the concept and content of disaster nursing.

Methods: A systematic literature review of 15 original qualitative or quantitative articles was conducted. A thematic synthesis was used to analyze the data.

Results: The main theme of Disaster Nursing: Crossing Borders, included three dimensions (personal borders, professional borders and environmental borders) and four themes describing the process of disaster nursing (being hit by reality; adapting to the conditions; providing aid, relief, and caring; recovering, remembering, and growing). Based on these results the HOPE model was developed. ‘HOPE’ stands for ‘Holistic health assessment and promotion; Organization and management of immediate response; Professional adaptation; Endurance and recovery.

Discussion: The HOPE model for disaster nursing describes the core element and essence of nursing in the disaster response phase and can serve as guidance both for nurses deployed in disasters and in disaster nursing training.

Prehosp Disaster Med 2019;34(Suppl. 1):s135
doi:10.1017/S1049023X19002966

Hospital C.O.D.E (Clinical, Operational, Disaster, and Emergency) Terminology

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Introduction: Healthcare facilities frequently use disaster codes as a way to communicate with employees that an emergency or incident is occurring. As increasing numbers of providers work at multiple facilities, and healthcare systems continue to build disaster response teams and protocols covering multiple facilities, standardization of disaster code terminology is critical. A lack of consistency in terminology can potentially have a devastating impact on the understanding and response of visiting or relief staff.

Aim: To evaluate the level of standardization in terminology of disaster codes in healthcare facilities.

Methods: A convenience sample was taken from a private Facebook™ group consisting of emergency department nurses from a wide range of facilities. The Facebook™ group was asked to share their hospital disaster codes. Of the 40,179 total members, 78 commented, including 55 photos of quick reference badges, and the rest were descriptions/lists of codes. One badge was excluded due to a blurry photograph. Results were collated and analyzed for trends and standardization.

Results: The most common codes were, “Code Red” for fire (72.7%), “Code Blue” for cardiac arrest (44.9%), “Code Silver” for active shooter/weapons event (37.7%) and “Code Orange” for hazardous materials (33.8%). There were 168 instances of a code term being associated with a particular event by five or fewer facilities. Two facilities used numeric systems, with 11 using plain language descriptions.