infrastructure, mainly electricity, water and sanitation hygiene indicators measured by the World Bank 2021 and 2022, Multidimensional Poverty Measure.
Conclusion: As a conclusion, GIS mapping of Jakarta and Semarang by 2050 using Surging Seas, OpenStreetMap, and Healthsites.io showed a high risk of sinking, especially in the northern areas of both cities, with the mapping done as of April 2022.

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Current Status of the Disaster Health, Medical, and Welfare Coordination in Japan

Kayako Chishima MPH, Kouki Akahoshi MD, Yoshiki Toyokuni PhD, Hisayoshi Kondo MD, PhD, Yuichi Koido MD, PhD
National Hospital Organization Headquarters Japan DMAT Secretariat, Tachikawa, Japan

Introduction: Non-coordinated support during disasters has negative effects on affected communities and people. From the 2004 Indian Ocean Tsunami, the United Nations introduced a cluster approach to avoid gaps and duplication of aid. Japan's disaster coordination of support for health and medical care was organized after the 2017 Kumamoto earthquake. The Ministry of Health, Labour and Welfare (MHLW) announced and issued the notice that the prefectures need to establish a system related to health and medical activities in the event of a large-scale disaster. In July 2022, welfare content was added. This study investigated the current status of health sector organizational coordination among health, medical, and welfare responders during 2022 the Large-Scale Earthquake National Exercise (LSENE).
Method: The 2022 LSENE was conducted on October 1, 2022 with participation from the Disaster Medical Assistant Team (DMAT) and responders from each prefecture's health and welfare divisions and organizations. Each responder's exercise log sheet and the exercise controller's evaluation were reviewed.
Results: Even though there was a notice from the MHLW, organized coordination was conducted only by several medical and health teams. DMAT is the only team with a system to dispatch teams from non-affected prefectures and coordinate well to allocate teams. Some other health and welfare organizations did not have a dispatching system. They had difficulty sending teams to affected areas, especially due to a lack of a systematic response system, training, coordination headquarters, and information sharing. It was suggested that information sharing and coordination among responders is necessary, although information gathering and request judgments related to dispatch coordination are different for each organization.
Conclusion: In order to smoothly coordinate support teams for health, medical, and welfare in the event of a disaster, it is necessary not only to improve the coordination headquarters for health, medical, and welfare but also to verify its operation through training.

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All the Sickly People, Where Do They All Come From? An OLD Problem (Off Load Delay) Rising Ambulance Presentations to an Irish Emergency Department

Phillip Jordaan[1], Marco Smit[1], Robin Andrews[1], Phillip Jordaan[1], Keith Kennedy[1], Ria Abraham[1], Brendan Orsmond[1], Rochelle Jansen van Rensburg[1], Fahd Fayyaz[2], Yuni Neduchelyn[1], Andrea van der Vegte[1,3], Ashleigh Dowle[1], Darshini Vythilingam[1], Bryce Wickham[1], Thomas Kelly[1], Michael Molloy[1,4,5]
1. Wexford General Hospital, Wexford, Ireland
2. University Hospital Wales, Cardiff, United Kingdom
3. University of South Wales, Caerleon, United Kingdom
4. School of Medicine, UCD, Dublin, Ireland
5. Beth Israel Deaconess Medical Center Fellowship in Disaster Medicine, Boston, USA

Introduction: Demand for prehospital emergency services has been increasing worldwide. Significant challenges exist in meeting response times in rural environments when faced with surges in demand related to weather events or sustained demand surge such as the pandemic environment. Significant pressure also exists in the hospital environment receiving such large volumes of patients with short duration handovers to allow prehospital assets return to their primary roles. The aim of this study is to determine trends for ambulance presentations in a rural emergency department over seven years with absolute numbers and percentage of overall attendances.
Method: A retrospective analysis of anonymized electronic registration data on the iPMS system from initiation in 2014 to 2022 including total registration numbers, presentation by ambulance, and handover times. Excel is used to record and examine data.
Results: ED attendances rose from 29,236 in 2014 to 43,184 in 2021 with total ambulance presentations ranging from 4,859 in 2014 (16.62% of attendances), maxing in 2019 at 10,326 out of total attendances of 42,637 (24.22% of attendances).Lowest monthly ambulance presentations occurred in April 2014 (441 or 15.82% of 2788 attendances) and maximal monthly presentations was 1,023 in May 2022 (23.38% of 4376 attendances). Lowest percentage of attendances arriving by ambulance occurred in May 2014 with 14.97% (468) out of 3,127 ED presentations. Highest percentage of attendances arriving by ambulance occurred in January 2021 with 33.67% (875) of 2,599 ED presentations which was during the lockdown phase of COVID in Ireland.
Conclusion: Overall total numbers of patients arriving by ambulance has been steadily increasing for years but numbers (and percentages) dramatically increased during COVID and this has been sustained in the POST Lockdown pandemic