antidotes, and to use correct PPE (all p<0.001) increased. 90.4% stated they were satisfied with the course. Participants were overall satisfied with the use of the online format (7.71/10 SD 2.05), and were willing to recommend the training to other EMS providers (7.63/10 SD 2.1).

Conclusion: The online C-MCIREM program showed high satisfaction with a significant increase in knowledge and self-assessed readiness to respond to a chemical mass casualty incident.

Aunty Next Door - A Qualitative Study of Community Prevention and Control for COVID-19

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Introduction: The Thai government has established public health policies to cope with COVID-19 and reduce the spread of disease by promulgating the Emergency Decree since March 26th 2019 in concept "stay at home, stop the spread of the virus for the sake of nation." Those measures had been affected to people in all social levels whether it be urban or rural. The objective of this qualitative study was aimed to study the mechanisms and experiences of village health volunteers who work to control COVID-19 at the community level.

Method: Forty village health volunteers in the 8th health region were included in the study. Data collection by using focus group discussion combined with audio recordings and the data were analyzed by content analysis.

Results: The community's context in the upper northeastern region of Thailand live in kinship. This is a factor supporting the operation of village health volunteers (VHVs) in the surveillance, prevention, and control of disease in the community. The mechanisms for disease prevention and control in the community are a virtual "Spider web" that connects people in the community, VHVs, Community Leaders, Public Health Officers, and Sub-district Administrative Organization (SAO) officers that operate together. While people in the community, especially "women", act in surveillance in the form of "watchdogs" that report abnormalities of community member movements to the VHV for coordination in surveillance, prevention, and control of disease in their community. The VHV and partners use management guidelines as prescribed by the Ministry of Public Health and adapted to the social and cultural context.

Conclusion: The community's COVID-19 surveillance mechanism that mediates kinship begins with fear and panic from a lack of knowledge in the early stages of the outbreak. The kinship of people in the community is one of the strengths and factors of success in preventing and controlling the disease.

Lessons Learned from a Multiple Casualty Blast Incident

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Introduction: On February 24, 2021, a large explosion and fire occurred in an industrial estate in Singapore. Eight casualties with major burns were conveyed to the emergency department (ED) at Singapore General Hospital, the designated regional Burns Centre. This article details the events and recommendations arising from this multiple casualty incident.

Method: An After-Action Review (AAR) was conducted to examine the prehospital notification process, casualty triage & tagging, medical management, manpower and resource allocation, and command-and-control structure.

Results: All eight casualties were conveyed by the national Emergency Medical Services (EMS) and arrived within a 46-minute window. The first three suffered 90% full-thickness burns and inhalational injuries and were intubated. The remaining five suffered between 37% to 64% burns, with three requiring intubations as well.

Four major areas were identified for improvement:

Firstly, there was scant information from EMS regarding total casualty count. There was also inadequate knowledge of mass burns triage protocols in the ED. Thus, resources were heavily utilized for the first three casualties - all of whom were later deemed unsalvageable, given palliative care and demised.

Secondly, casualty identities were initially unknown. They were tagged with similar-looking ten-digit serial numbers, resulting in a near-miss event involving mislabelled blood tubes.

Thirdly, there was unfamiliarity with the incident response plan for a multiple casualty incident of this scale. This contributed to lack of situational oversight and inconsistent leadership direction from various stakeholders with resulting conflicting instructions.

Fourthly, routine trauma computed tomography pan-scans for all casualties caused delayed reporting by Radiology and created a bottleneck in casualty disposition.

A multi-disciplinary workgroup comprising Emergency, Trauma, Burns and Intensive Care departments outlined several recommendations based on the AAR findings. Drills were strongly recommended to resume following a hiatus due to COVID-19.

Conclusion: AARs help provide invaluable insights. Response plans should be refined together with relevant stakeholders.