

1,000,826 (16.8%) PCR, 152,197 (10.5%) being positive. The cure rate was 98.7% (988,316 cases). There were 12,019 mortalities with 1.2% case fatality. In TUTH 2020 – 2022 records; 3,794 total severe Covid-19 patients were admitted; In the first year, only two patients (1M:1F); In the second year 2,056 patients 1.8M:1F and in the third year 1,736 with 1.1M:1F. The age groups with the first wave vs the second wave were 6.42% vs 5.47% of 0–20 years; 24.22% vs 26.84% of 21–40 years; 30.57% vs 30.87% of 41–60 years and 38.57% vs 36.87% of above 60 years. The hospital mortality rate was 751 (19.8%). Challenges were due to resource limitation, limited PPE, scarcity of oxygen, medication, and ventilators. In TUTH, all levels of emergency management and various definite care were provided 24/7 hours in the pandemic period. There are a lot of challenges in Pre-Hospital Emergency Care Service due to a limited number of designated Advance Ambulances during transportation of severe Covid patients. With these challenges and complexities, there were six deaths of their own hospital staff due to severe Covid-19.

Conclusion: The challenges and complexities of providing emergency medical services during the Covid-19 pandemic in Nepal have been overcome with teamwork and activation of the emergency care system in Nepal.

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Establishment of a Medical System for Emergency Radiation Exposure (One local city in Japan)

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Introduction: Japan is the only country to have experienced the atomic bombings and still has many nuclear power plants. In 2011, a nuclear power plant accident occurred during a major magnitude 9.0 earthquake, and there was a great deal of concern about radiation exposure medicine for the public. It is necessary to provide appropriate radiation exposure medicine.

Method: The facility is located within the IAEA's UPZ, and in the event of an emergency, it is necessary to provide medical care for a large number of people exposed to radiation, so an advanced radiation exposure medical facility was built in 2015 (the surrounding population is approximately 300,000).

Results: The basics of radiation exposure medicine are: 1) medical priority, 2) prevention of the spread of radioactive materials, and 3) protection of our responders from radiation exposure. Everything from whole body assessments, contamination examinations due to exposure, medical procedures (including advanced medical procedures), and decontamination were able to be performed. The facility is also equipped with WBC (whole body counter) that can assess internal exposure. A support system for other medical facilities was being developed in the region by forming a team that can respond to radiation exposure.

Conclusion: With the current system, not only radiation exposure medicine will be handled, but also CBRNE and other such

services in the future. For this reason, repeated training and human resource development are very important.

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Issues in Psychiatric Hospitals that were Revealed Through COVID-19 Infection Countermeasures

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Introduction: Infection countermeasures that consider patient characteristics are needed at psychiatric hospitals.

Method: Based on the experience of implementing countermeasures against infection by COVID-19, which has become a pandemic disaster over the past few years. This report is on the current situation and issues of infection countermeasures in psychiatric hospitals.

Results: Reasons for why it is difficult to take COVID-19 countermeasures in psychiatric hospitals included the following: for patient predispositions—it is difficult to promote understanding and practice of infection countermeasures such as proper wearing of masks, hand hygiene enforcement, zoning, etc. For environmental predispositions—it is difficult to ventilate because windows and doors cannot be opened, and it is difficult to isolate infected individuals as there are few private rooms. Countermeasures included the following: recreation should be limited to that which does not involve speaking and having everybody face the same direction, ensuring sufficient space between people during meals, installing ventilation equipment in hospital wards, handle care in private rooms until the hospitalized patient is judged to be not infectious, and conducting zoning and isolation on a hospital ward level. Results showed that although COVID-19 outbreaks occasionally occurred in hospital wards, this did not result in spread throughout the hospital.

Conclusion: Future challenges include improving the quality of infection countermeasures in hospitals through thoroughly educating hospital personnel who are unaccustomed to taking infection countermeasures.

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Practical Trauma Training in Ukraine: An EMT Type 1 NGO's Implementation of Trauma Training for Healthcare Providers and First Responders in Ukraine from March 2022–October 2022

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Introduction: In March 2022, Team Rubicon deployed an EMT Type 1 mobile team to provide medical care for internally displaced people in Ukraine. Regional medical facilities and universities identified a need for training programs to prepare for the expected increase in wartime casualties.

Method: Deployed medical teams researched and compiled initial course content. Presentations were prepared and conducted with the assistance of Ukrainian translators. The curriculum was expanded to include whole blood transfusion and point of care ultrasound. After the prioritization of needs by the MOH, Team Rubicon deployed a seven-member team to conduct training in 16 cities over two months. They provided instruction in whole blood transfusion, hemorrhage control, blast injuries, prehospital triage, shock management, point of care ultrasound, and treatment of chemical exposures. Surveys were conducted pre- and post-training to assess the usefulness of the training provided.

Results: In two months, a total of 1549 unique individuals were trained. The participants included 769 physicians, 244 nurses, 299 paramedics, 83 hospital administrators, and 154 additional professionals. They included 614 males and 935 females. The number of participants in each course included: 477 for hemorrhage control, 564 for treatment of chemical exposures, 483 for blast injury and field trauma, 412 for pre-hospital and triage training, 135 for point-of-care ultrasound, and 154 for whole blood transfusion.

Conclusion: With the assistance of the Ukrainian Ministry of Health, an NGO was able to conduct 64 sessions training 1549 individuals. This experience demonstrates the ability to create a robust educational platform to fulfill the medical needs of a community affected by warfare.

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The Characterization of Trauma Patients Utilizing Private Vehicle Transport (PVT) to the Emergency Department (ED)

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Introduction: Existing studies have identified the national rate of PVT for severely injured patients to be 9–16%, our ED has displayed a PVT incidence of 35.4%, suggesting a substantial difference in ED arrival. This study aims to explore descriptive demographics and injury characteristics of patients who arrived by PVT to our ED.

Method: A prospective, single-center observational study conducted in Detroit, Michigan. Included patients aged 15 ≥ years who arrived at the ED by PVT for blunt or penetrating trauma. The sample population consisted of 128 patients from August 2019–April 2021. Each subject completed a survey regarding their injury and prehospital care. A retrospective chart review was conducted to acquire information on their injuries.

Results: The mean age was 44.3 ± 20.3 years old, range 15–93. 51/128 female, 77/128 male. Patients comprised 93/128 African American, 19/128 Caucasian, 4/128 Asian, 4/128 Hispanic/Latino, and 8/128 other. The most common insurance was Medicaid, comprising 63/128 patients, 25/128 of patients had Medicare and 38/128 had private coverage. Utilizing ESI indices to evaluate severity levels, 73/128 arrived at the ED with an ESI level of 3, 47/128 level of 2, 5/128 level of 4, and 3/128 level of 1, the most severe. Majority of patients 36/128, presented with trauma-related injuries due to a fall. 25/128 presented with a laceration, and 22/128 presented after a motor vehicle crash. The upper extremities were the most common location of trauma 38/128 followed by the lower extremities 23/128. The mean ED length of stay was 11.18 hours.

Conclusion: Overall, the findings from this study allowed us to characterize our population of PVT trauma patients through their demographics and injury characteristics. We were able to establish some descriptive characteristics that delineate the population of patients at our ED in Detroit, which is the first step in identifying why trauma patients choose varying modes of transportation.

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Research on Supports for Those Who Require Special Care to Prevent Disuse Syndrome in Disasters and Disaster-related Death Using Telemedicine

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Introduction: In Japan, natural disasters such as earthquakes and typhoons are extremely frequent. It is predicted that Tokyo Inland earthquakes will occur within the next 30 years. Disuse syndrome and Disaster-related deaths have increased in disasters. It has been reported that Disuse syndrome and Disaster-related deaths are particularly prevalent among those who require special care. Therefore, it is necessary to consider support for them in the future disaster. Telemedicine has become increasingly popular in recent years. Previous researches using telemedicine have reported that it is useful for rehabilitation and management of chronic diseases. This study aimed telemedicine would be useful to prevent Disuse syndrome and Disaster-related deaths.

Method: The subjects were physicians, nurses, physical therapists, occupational therapists, and speech therapists. Semi-structured interviews were conducted with the subjects on how telemedicine could be used to assist them. The data were analyzed using Krippendorff's content analysis.

Results: The research interviewed medical staff including physical therapists and occupational therapists with knowledge about disaster medicine. Thirteen categories of problems with telemedicine were identified, including problems with infrastructure and operation by the elderly. Eight categories of support that could be provided were generated that were common to all rehabilitation professionals, two categories for physical