

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.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s123–s124

doi:10.1017/S1049023X23003278

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

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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.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s124

doi:10.1017/S1049023X2300328X

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

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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

phase. Strategies are required to manage demand, increase turn-around and educate the public on appropriate use of prehospital emergency services.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s124–s125

doi:10.1017/S1049023X23003291

Emergency Medical Service Facilitated Geriatric Emergency Department Visits in Hamilton, Ontario, Canada During the COVID-19 Pandemic

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Introduction: To determine if lockdown measures related to the COVID-19 pandemic changed the frequency and epidemiology of geriatric patient emergency medical service (EMS) facilitated visits to the emergency department (ED) in Hamilton, Ontario, Canada.

Method: A retrospective chart review was conducted comparing ED presentations of patients over 65 years of age presenting to two academic hospitals in Hamilton, Ontario via EMS between March 17, 2020, and July 15, 2020 (the first wave of the COVID-19 pandemic) to March 17, 2019, and July 15, 2019 (pre-pandemic).

Results: Total EMS facilitated geriatric ED number of visits decreased by 17.3% during the first wave of COVID-19 in 2020, relative to the same seasonal time frame in 2019 (March 17– July 15). Visits were more dramatically decreased in the first 8 weeks after the pandemic was declared but then recovered to pre-pandemic levels thereafter. More geriatric patients visiting the ED via EMS were admitted during the initial stages of the COVID-19 pandemic, relative to 2019. However, the acuity and epidemiology of visits remained the same during the first wave of the COVID-19 pandemic, relative to 2019.

Conclusion: Lockdown measures during the first wave of the COVID-19 pandemic coincided with decreased geriatric EMS ED visits in the initial two months after the pandemic was declared. Visit numbers recovered as the first wave ended. The epidemiology, as well as the overall acuity, did not change.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s125

doi:10.1017/S1049023X23003308

Festina Lente: Bradycardia as a Presenting Feature of Life-Threatening Intra-Abdominal Hemorrhage

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Introduction: Trauma is one of the leading causes of death in patients under 40 years of age. The Advanced Trauma Life Support (ATLS) Guidelines are widely accepted as the standardized approach to trauma and classify hemorrhagic shock according to heart rate (HR), blood pressure (BP), urinary output, and mental status. Paradoxical bradycardia (defined as HR <60 bpm) in hemorrhagic shock is an uncommon presenting feature and presents a diagnostic challenge to the physician; its true incidence is unknown.

Method: A case of paradoxical bradycardia was examined as a presenting feature in hemorrhagic shock.

Results: A 17-year-old male patient presented to our Emergency Department (ED) with collapse and abdominal pain following a collision with another player during a sports match.

The patient was hypotensive (BP 92/42) and bradycardic at triage, with a heart rate of 50. He was pale and diaphoretic with a Glasgow Coma Scale of 13/15, thready pulses, and localized peritonitis in the left upper quadrant of his abdomen.

An increase in blood pressure was observed following initial fluid resuscitation; however, this was transient and preceded the onset of profound hypotension (BP 64/30). Bradycardia with a heart rate between 50–60bpm was persistent despite resuscitative efforts.

Abdominal ultrasound demonstrated intraperitoneal free-fluid, and Computerized Tomography confirmed the presence of a grade V splenic laceration. He was taken to the operating theater for emergency laparotomy and underwent splenectomy. A 2.3 liter hemoperitoneum was found intraoperatively. There were no further complications post-operatively, and he made a full recovery.

Conclusion: Tachycardia is a potentially unreliable marker of blood loss, especially in young, healthy patients. A high index of suspicion is necessary to prevent this uncommon but life-threatening feature of hemorrhagic shock from being overlooked.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s125

doi:10.1017/S1049023X2300331X

Case Report of an Irish NGO Providing Educational Support in Establishing a Major Trauma Center in a Low-Middle-Income Country

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Introduction: St. Joseph's Mission Hospital, Nyabonda, Kenya is the site chosen for a new Trauma Response Center as part of a