

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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