

disease in 15 (39%). There was one COVID-19 positive patient. The number of COVID-19 inpatients was 124.

Conclusion: Emergency medical care was provided for the persons involved in the Tokyo 2020 Games in cooperation with all the staff at the hospital. The COVID-19 pandemic 'disaster' may have had some impact on our hospital's role as the designated medical institution.

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Exploratory Laparotomy Following the Mosul Offensive, 2016-2017: Results from a Dedicated Trauma Center in Erbil, Iraqi, Kurdistan

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Introduction: The Battle of Mosul (2016-2017) involved asymmetric warfare and excess civilian casualties. Emergency Management Centre (EMC) was a designated trauma center for the battle, located 80 km from Mosul. Exploratory laparotomy outcomes in local hospitals are poorly studied compared to military hospitals. Improving response to complex emergencies requires better contextual understanding.

Method: Prehospital and hospital data were collected from all patients undergoing exploratory laparotomy at EMC during the battle. Data were collected and validated by EMC's chief surgeon. New Injury Severity Scores (NISS) were calculated from operative data.

Results: Seventy-three patients were included. 22 (30.1%) were children; 40 (54.8%) were non-combatant adults. 51 (69%) were male. Bullets caused 74.0% of injuries. Children had prolonged time from injury to first laparotomy compared to adults (600 vs 208 minutes, $p < 0.05$). Median hospital length of stay (LOS) was six days (IQR 4-10; children 16.4 days vs adults 8.6 days, $p = 0.05$). Median NISS was 18 (IQR 12-27). NISS were significantly higher for women (28.5 vs 19.8), children (28.8 vs 20), and re-laparotomy (32.0 vs 19.0) compared to men, adults, and primary laparotomy, respectively. In univariate and multivariate analysis, NISS was associated with hospital, but not ICU, LOS ($p < 0.01$). Twelve patients were re-laparotomies after surgery elsewhere: ten (83.3%) were for failed repairs or missed injuries. Median time to re-operation was 5.5 days (IQR 1-8). Re-operations had longer ICU (4.5 vs 2.9, $p < 0.01$) and hospital stays (20.7 vs 7.6, $p < 0.01$). Three (4%) patients died; two of which were re-laparotomies.

Conclusion: During the battle, civilians and combatants had similar injury mechanisms and outcomes. Children had a long

time to present and LOS. Low mortality likely reflects high pre-hospital mortality. Prolonged times to admission suggest the need for improved hospital transport. Re-operation was associated with increased complications and LOS. NISS demonstrated predictive value for hospitals, but not ICU, or LOS.

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Community Advanced First Aid Training for Day-to-Day Emergency and Disaster Response in Nepal

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Introduction: Nepal is a country with geographical difficulties in tackling day-to-day emergency healthcare and disaster preparedness. The aim is to develop community preparedness by training for day-to-day emergency and disaster response in Nepal to generate preventive and first aid awareness of consequences and complications of simple to severe emergency conditions during day-to-day emergencies and disasters.

Method: It is an analysis of five years of advanced first-aid training at the Nepal Disaster and Emergency Medicine Center from July 2015 to March 2020. In April 2015, the earthquake affected 15 districts of Nepal.

Results: During July 2015 to March 2020, NADEM has been training 3,995 Community First Aiders for Male Leaders and Active Community people: 1,315 special mothers' group-Adolescent Maternity & Child Health First Aiders; 794 Ambulance Drivers-Advanced First Aid Trained of remote districts of Mountain and hilly region's ambulance's Drivers and Assistants ; 637 ToT First Aiders for Community School Teachers (Training of Trainers); Total AFAT Trained by NADEM = 6,741 (Province 1 to 5); Total Population AFAT Trained = 52,610 (Province 1 to 5); Total Population Benefit by AFAT = 902,100 and its ongoing. NADEM Study Reports of Nepali community with 'Incident Rate of First Aid Required' is 9% per day with First Aid Services for 87.4% minor causes, 5.4% major causes, 0.5% gynecological causes, 1.7% AMCH causes, 4.5% trauma causes, 0.5% Prehospital Cardiac Arrest. With NADEM advanced first-aid training, now we are preventing 70% of deaths in remote parts of those districts before reaching the health care centers.

Conclusion: It is a great challenge to train community laypersons to be Community First Aiders who can tackle day-to-day emergencies and disasters in their community with knowledge, skills practice, and attitude to prepare and prevent the increased tendencies of disability, deformity, morbidity, and mortality in Nepal.

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