

high incidence of morbidity and mortality. Successful management requires early recognition with a multi-speciality approach and meticulous surgical technique.

Method: Retrospective data from hospital records of the Level-1 Trauma Center, between December 2011 through September 2022 was obtained. Clinical details including mechanism of injury, trauma scoring, associated injuries, hemodynamic status, surgical procedures, wound complications, ICU stays, hospital stay, prosthesis application, and their outcome were analyzed. Patients were followed up physically in OPD or telephonically.

Results: Total footfall 615,274 patients with 16,786 admissions in trauma surgery, 1,299 amputations and 13 hemipelvectomy patients during the study period of ten years. Seven were in shock on presentation, of which, four were non responders and three responded to initial resuscitation. Seven patients had associated Genitourinary injuries, four had anorectal involvement, five had vascular injuries and six had associated extremity injuries. Six patients underwent hemipelvectomy in the primary surgery and seven ended up in hemipelvectomy on consecutive surgeries. Multiple surgeries were required for all the patients both for control of local sepsis and adequate soft tissue cover. Eight of thirteen patients developed wound infections, and related sepsis, one survived a covid infection and three had MODS. Four out of thirteen patients died and of the nine survivors, prosthesis is being used by three patients, two returned to work without prosthesis and two lost to follow up.

Conclusion: With a multidisciplinary and dedicated team approach, we can expect favorable outcomes in post-trauma hemipelvectomy patients.

Prehosp. Disaster Med. 2023;38(Suppl. S1):s169–s170
doi:10.1017/S1049023X23004405

Kiwi Ingenuity – How New Zealand Healthcare Adapted for the Whakaari/White Island Disaster

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Introduction: New Zealand is widely known across the globe as an adventure tourism destination. On December 9, 2019, the natural wonders of the country became a major disaster that impacted the lives of many and stretched the resources of the New Zealand healthcare system.

Whakaari/White Island is an uninhabited, privately owned island 50 km off the North Island of New Zealand. It contains two strato-volcanoes, which were and remain a popular tourist destination. While an international tourist group were enjoying their guided tour of the crater, one of the volcanoes erupted, sending superheated debris and gas into the air. Of the 47 individuals on the island at the time, 39 were rescued. Overall, 25 people survived. The mortality of this event was significantly lower than historic volcanic eruptions involving ballistic and pyroclastic injuries. We are fortunate to present information specifically on the chemical and physiological changes noted from exposure to volcanic ash.

Located in New Zealand's largest city is Middlemore Hospital, home of the National Burns Center. This center is

supported by three regional burn centers throughout the country. Prior to Whakaari, mass-casualty plans were in place, however, system-wide adaptations were required on many levels to ensure delivery of healthcare. This included changes in pre-hospital triage, support for regional burns centers and repatriation to home countries.

This poster presentation takes you on the journey of adaptation experienced within the National Burns Service, focusing on operating theater, intensive care and acute burns management.

Method: Case Study

Results: .

Conclusion: .

Prehosp. Disaster Med. 2023;38(Suppl. S1):s170
doi:10.1017/S1049023X23004417

Evaluating the Knowledge, Readiness, and Satisfaction Level of Emergency Medical Service Personnel after an Online Chemical Mass Casualty Response Training Program

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Introduction: Compared to trauma-based injuries, chemical injuries can inflict widespread and persistent injuries to exposed victims. Emergency medical services (EMS) personnel are vulnerable to chemical injuries. Specialized training is required, including zone setup, personal protective equipment (PPE), decontamination, and antidote use, beyond simple advanced trauma life support. The purpose of this study is to evaluate the educational effectiveness of the online chemical-mass casualty incident response education module (C-MCIREM) for EMS personnel.

Method: This study is a retrospective pre-and post-test comparison. Subjects were EMS personnel who enrolled in the C-MCIREM program at the EMS Korea online conference between August 27, 2021 and September 5, 2021. Subjects provided demographic data and completed pre-course and post-course knowledge tests and self-assessments of readiness, as well as a satisfaction survey after the course. For readiness and satisfaction surveys, an 11-point Likert scale was used. The Wilcoxon Rank Sum test was used to compare the two samples.

Results: A total of 322 respondents were enrolled. Two-hundred (62.1%) responded that they were most motivated to take the course because of curiosity about the subject. The median pre-course knowledge score was 57/100 (47, 66) and the post-knowledge score was 80/100 (66, 91) ($p < 0.001$). Participants stated they felt their readiness to provide triage, treatment, transport, decontamination, to select correct