

4.8% (n=3/63) who did not receive ketamine (p=0.03). Patients who required intubation in the ED had higher average doses of both IV/IO (37.7 +/- 4.8 mg vs. 55.0 +/- 24.2 mg) and IM ketamine (196.4 +/- 41.7 mg vs 290.0 +/- 41.3 mg).

Conclusion: ED intubation rate was higher in the ketamine group. Patients that were intubated had received higher ketamine doses on average. Further studies are needed to understand and refine prehospital dosing and indication protocols to allow for more efficacious utilization of pre-hospital ketamine in trauma patients. A multicenter trial is ongoing.

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Development of the Irish Paramedicine Education and Research Network (IPERN): Overview of Activity 2021-2022

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Introduction: The Irish Paramedicine Education and Research Network (IPERN) is dedicated to collaboratively building research culture and research capacity for out-of-hospital care in Ireland and internationally. IPERN is led by an inter-professional team of paramedics, nurses, doctors, allied health professionals and scientists. IPERN supports clinicians to bridge the theory-practice gap through involvement in research training, knowledge generation, knowledge translation, evidence implementation, policy setting, research partnerships, co-production and research leadership. The aim of this study is to quantitatively describe the activity of IPERN in the first two years of its foundation (2021-2022).

Method: This is an observational study and data was collected prospectively throughout 2021 and 2022. Data on event attendance was collated via the Event management software

EventBrite and supplemented with minutes from IPERN Committee meetings. Data analysis was performed in Microsoft Excel and comprised descriptive statistics.

Results: The IPERN Team comprises 14 inter-professional members of whom nine (64%) are paramedics. To date IPERN has launched seven special interest groups; Medical, Trauma, Pediatrics, Mental Health, Human Factors, Medical Logistics and Equality Diversity & Inclusion. The network hosted 14 CPD events from March 2021 to November 2022. In terms of research capacity building, the work of IPERN has been presented at six international conferences and the IPERN Team has successfully secured four grants since the foundation of the network.

Conclusion: Due to the complex and multidisciplinary nature of out-of-hospital care a strategic and collaborative approach to research capacity-building is essential. Underpinning evidence-based practice is a strong research culture and it is imperative that all clinicians involved in out-of-hospital care have the opportunity to develop knowledge and expertise. IPERN takes a participatory approach to research and our events provide an open and friendly platform for members to engage in research, building a vibrant research community both in Ireland and internationally.

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Dedicated COVID-19 Hospitals in the State Security System of Poland

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Introduction: The pandemic caused by the SARS-CoV-2 virus, which has been rapidly developing globally since the beginning of 2020, has forced individual states to take many restrictive decisions aimed at stopping the pandemic and controlling the crisis situation. In Poland, the strategy of fighting the pandemic in the initial phase covered the entire country and was based primarily on preventive mechanisms to identify and quell the pandemic.

Method: A retrospective analysis was conducted incorporating media and a literature review. This retrospective analysis was performed using legal acts and press resources and other media reports to investigate every province of Poland.

Results: This research describes one element of the state security system tasks, that of securing an appropriate number of hospital beds for COVID-19 patients. The process focused first on establishing both the purpose and tasks of dedicated hospitals followed by discussions of the potential problems related to the functioning of these specialized facilities for patients infected with SARS-COV-2 virus. Primary attention was given to ensuring both the security of the crisis situation and the diligent monitoring of the current epidemic

Conclusion: In order to effectively use human and infrastructural resources, it was crucial to implement objective, unified

methods of organization and management, as well as ongoing evaluation of the results of the conducted activity.

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Medical Evacuation of Seriously Injured in Emergency Situations: Experience of EMERCOM of Russia and Directions of Development

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Introduction: The steady increase in the number of natural and man-made disasters causes the need for urgent ambulance aircraft evacuation of seriously injured to the specialized federal medical institutions with appropriate equipment, advanced technologies and highly qualified personnel to provide specialized high-tech assistance to victims. The medical institutions can be located at a considerable distance from the place of emergency.

Method: EMERCOM of Russia, staffed by highly qualified medical personnel, equipped with resuscitating medical modules in airplanes and helicopters (MMA and MMH), has been successfully carrying out medical evacuation of seriously injured in emergency situations to specialized medical institutions for many years (since 2008).

Results: Based on the results of the use of the medical modules, it was proved that their use in mass ambulance aircraft evacuation is fully justified. During the flights, sparing transportation of the injured is provided, complete monitoring and compliance with the continuity of the treatment process. With the use of MMA and MMH, the quality of mass ambulance aircraft evacuation of seriously injured has significantly improved and the delivery time from the lesion to specialized hospitals has been reduced, as well as the lethality of victims.

The analysis of the effectiveness of the use of medical modules showed that the use of modules during the ambulance aircraft evacuation of seriously injured reduces mortality at the pre-hospital stage by 3.3 times, at the hospital stage—by two times ($p < 0.05$).

Conclusion: EMERCOM of Russia introduced into the practice of aviation medical evacuation the medical technology using extracorporeal membrane oxygenation (ECMO) for the rescue of seriously injured.

On the basis of NRCERM, a simulation center has been founded and equipped for the training of aviation medical teams, a training program has been developed for the medical

personnel of EMERCOM of Russia participating in ambulance aircraft evacuation of victims in emergency situations.

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Tropical Cyclones and Burn Injuries—Hurricane Ida 2021

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Introduction: Tropical cyclones are common weather phenomena occurring during the summer and fall months, primarily impacting coastal areas of the eastern shore of North America and the eastern and southeastern coast of Asia. The injuries often reported in the aftermath of these storms include near drowning, orthopedic injuries, and stress-induced cardiovascular emergencies. However, in the aftermath of Hurricane Ida (August 2021), we saw (and will discuss) an unusual trend of burn injuries.

Method: Anonymized patient data from the regional burn center was reviewed for storm-related injuries in the 30 days post-Hurricane Ida landfall. This retrospective analysis included demographics of the patient population, size of injury (reported in total body surface area [TBSA]), mechanism of injury, and length of stay.

Results: Inclusion criteria (burn injury as a chief complaint during the 30 days following the hurricane) identified 41 patients. Of the 41 patients, (32/41 [78.0%]) were admitted for their injuries. The leading nature of the injuries included flame (25/41 [60.1%]) and scald (9/41 [22.0%]). The leading cause of burn injury included generator operations (refueling, gasoline, propane, contact with hot surfaces, etc., (14/41 [34.1%]), debris management (7/41 [17.1%]), and open flame for cooking or lighting (11/41 [26.8%]). Patient ages; median of 43.0 years [0.5 to 79]) with sexual (identity being recorded as) male (32/41 [78.0%]) and (9/41 [22.0%]) female.

Conclusion: Climate change is contributing to the increased frequency and intensity of tropical cyclones. Consequently, strategies such as generator use and reliance on alternative fuel sources for lighting, heating, and cooking, have become more widespread to cope with the temporary interruption of public utilities following a natural disaster. However, these temporary solutions have led to an increased frequency of burn and inhalation injuries. Solutions include campaigns to increase public awareness and an increased clinical readiness to receive and manage more patients with burn and inhalation injuries.

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