interventions, whether for immediate stabilization or delayed patient reception. However, more comprehensive outcome data is essential to refine clinical and operational best practices.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s143–s144
doi:10.1017/S1049023X26105019

Modern Technologies in the Treatment of Gunshot Injuries of Soft Tissues and Bones in Children

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Summary: The manuals on military field surgery describe in detail the strategy and tactics for treating wounded soldiers in military conflicts. However, when children are provided with assistance during military conflicts and acts of terrorism, the situation reverses. Children become accidental or secondary participants in military operations and are admitted to civilian children's hospitals, where the staff often has no experience treating such wounds.

During the period from 2014-2024, 156 children with mine-explosive and gunshot wounds were treated at the Clinical and Research Institute of Emergency Pediatric Surgery and Trauma (Moscow, Russia), including patients injured in the acts of terrorism in Kerch (2018), Kazan (2021) and military conflict in Ukraine (2014-2024). The ages of the children ranged from 4 to 17 years old. There were 68.6% boys. The main locations of wounds were lower limbs - 134 (46.7%), upper limbs - 47 (16.4%), and head - 50 (17.4%). Thoracoabdominal injuries were detected (found) in 37 (12.9%), and spinal injuries in 19 (6.6%) children. Among all (the children, 25 traumatic limb amputations and 56 open bone fractures were noted.

To improve the quality of treatment, surgical treatment of wounds was applied along with modern methods of physical treatment. Vacuum therapy was used in 72 patients, hydrosurgical treatment in 23, ultrasonic cavitation treatment in 45, and low-temperature argon plasma in 68. Satisfactory results were achieved in all of the observations.

Compliance with the principles of military field surgery in the treatment of wounds during the provision of assistance to children with mine-explosive and gunshot wounds and the using modern technologies allow us to prepare the wound surface for the final stage of plastic closure in a short time, to preserve the rehabilitation potential and to return the child to the social environment.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s144
doi:10.1017/S1049023X26105020

Translating New TCCC Challenges into TECC Lessons Learned

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Introduction: This abstract analyzes new challenges in combat medicine (TCCC) in the conflict scenarios of the Ukrainian front, the October 7th attack, and the Gaza War, and the Hizbullah-Israel escalation, between 2022 and 2024, and what lessons learned can be integrated in a civilian environment, according to TECC guidelines and algorithms.

Methods: Methodology is based on bibliographical revision, providing a framework for TCCC's emerging patterns. Afterwards, an analysis based on the TECC guidelines and Hartford Consensus algorithms is conducted to infer the main lessons to integrate into civilian tactical care situations.

Results:

1. Ukrainian front. The use of conventional artillery and drones as guided projectiles in swarm or isolated configurations, and lately as flame-throwers, adds to mass hemorrhage injury patterns as fractures from collapsed structures and burns.

2. Gaza front. October 7th combined a high lethality from multiple locations, active shootings, hostage taking, and the use of grenades and fire in close quarters. Operations in Gaza feature underground warfare and massive use of artillery and IEDs, coexisting with stabbing attacks and car rammings in the West Bank. Mass bleeding injury patterns add collapsed structure, crush traumatic injuries, and non-lethal mental issues.

3. Lebanese front. Hizbullah increased the use of rockets and drone attacks, causing mass casualty incidents, looking for the collapse of the regional hospital network. Israeli tampering with Hizbullah's pagers as IEDs leveraged the device ergonomics to maximize lethality and injury patterns. Casuistry doesn't reveal new injury patterns, but rather the multiplication of the number of victims.

Conclusion: TECC-related algorithms remain valid. Lessons learned must include a) management of a massive number of simultaneous casualties; b) capabilities for tactical rescue and care in underground or collapsed structures; c) a high number of casualties with primary, secondary, and tertiary blast injuries due to explosions and different severity burnings because of the use of fire in open and confined environments.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s144
doi:10.1017/S1049023X26105032

Assessment of CBRN Preparedness and Knowledge Among Rashid Hospital Trauma Center Emergency Physicians and Residents, Dubai Health: A Cross-Sectional Survey

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Introduction: Preparedness for Chemical, Biological, Radiological, and Nuclear (CBRN) incidents is a critical component of emergency medicine, particularly in high-risk geopolitical regions. However, little is known about CBRN readiness among healthcare providers in the Gulf region, including the United Arab Emirates. This study assessed the knowledge, experience, and training needs related to CBRN among

https://doi.org/10.1017/S1049023X26105032 Published online by Cambridge University Press