Conclusion: This study aims to assess the portable hyperbaric mask's effectiveness in alleviating AMS symptoms and potentially preventing HAPE and HACE.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s120–s121
doi:10.1017/S1049023X26104488

Essential Prolonged Casualty Care (PCC) Training for Non-Surgical Clinicians: An 8-Hour Intensive Course Design and Competency Evaluation in Austere and Resource-Limited Scenarios

Shang-Yu Chiang EMT-P, BS[1], Yu-Fen Hsiao RN, BSN[2]
1. Taiwan Development Association for Disaster Medical Teams, Taiwan
2. Chang Gung Memorial Hospital, Taiwan

Introduction: Prolonged Casualty Care (PCC) addresses the need for extended patient care in military and disaster medicine, where resources are limited, and evacuations are delayed. Clinicians without surgical or critical care backgrounds often lack the training to provide prolonged care in such environments. This report presents a preliminary evaluation of an 8-hour PCC course specifically designed to equip non-critical care clinicians with essential skills for prolonged casualty management under austere conditions.
Methods: The PCC course is currently in the planning phase, focusing on developing 10 core competencies essential for prolonged casualty care, including patient assessment, documentation, decision-making, and treatment. The curriculum will incorporate skill stations and time-compressed simulation scenarios to provide participants with hands-on practice. Pre and post-course assessments are planned to evaluate participants' knowledge and skill acquisition once the course is implemented.
Results: Expected outcomes include improved knowledge and skills in prolonged casualty care among participants, particularly in handling patient care under resource constraints. We anticipate that participants will gain confidence and practical skills through the structured training and scenario-based exercises. Feedback will be gathered to refine the curriculum based on participant experiences and suggestions.
Conclusion: Although still in the planning phase, the 8-hour PCC course is designed to fill a critical gap in prolonged casualty care training for non-critical care clinicians. By emphasizing core skills for resource-limited settings, this course aims to improve clinical preparedness for disaster and conflict scenarios. Future research will be conducted to assess the course's effectiveness upon implementation.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s121
doi:10.1017/S1049023X2610449X

The Schoten Bus Accident: An Evaluation

Luc Mortelmans MD[1,2], Winne Haenen MD[3], Erik Genbrugge RN[3], An Van Rompay MD, Kol[4]
1. Dept Emergency Medicine, ZAS Cadix, Antwerp, Belgium
2. CREEC, KUL, Louvain, Belgium
3. Federal Health Inspection, Antwerp, Belgium
4. Military hospital Queen Astrid, Neder Over Heembeek, Belgium

Summary: On April 10, 2022, a touring car crashed on the highway and rolled over. Two passengers died on the scene. There were five U1 patients, mainly with traumatic amputations, two of them in profound shock. Five were U2 and thirteen were U3, and six were uninjured. The dispatch activated the disaster plan, and within eight minutes, responders were sent out. Although the location wasn't clear and a traffic jam blocked the highway, the first medical teams arrived on the scene after 17.5 minutes. Within 20 minutes, three medical teams and five ambulances were on scene. Seven medical teams, six "112" ambulances, and nine Red Cross ambulances were deployed. One helicopter from another province was activated due to traffic problems. The Red Cross also activated support teams and a command-communication vehicle. The fire department applied tourniquets and passers-by, saving the lives of amputees. Patients were spread over nine hospitals, and because of severe, life-threatening lesions, the T1 patients were evacuated by the scoop and run system. Prominent was a lack of experience and limited disaster management education. Previous drill participation offered confidence. The victims' multinationalism caused problems in communication and identification. Several medical teams had extra physicians on board, as the initial alarm was suggestive of many (seriously) injured patients, facilitating the scoop-and-run procedure. The helicopter was used for the patient in the most profound shock, although the estimated time of arrival wasn't clear. Debriefing revealed the serious impact on the teams, stressing the importance of post-exposure support.

The communication with the bus firm was difficult, so it wasn't possible to obtain a passenger list. Although a SITREP is important, it was hard to get. The victims' multinationalism needed communication with the respective embassies without fixed procedures. Return to normal action was fast, but with little chance to relax and cope.

Prehosp. Disaster Med. 2026;41(Suppl. S1):s121
doi:10.1017/S1049023X26104506

Impact of COVID-19 Pandemic on the Mortality of Emergency Medical Services Transported Traumatic Brain Injury

Yi-Jen Yang[1], Ki Hong Kim MD, PhD[2], Jeong Ho Park MD, PhD[2], Kyoung Jun Song MD, PhD[3], Sang Do Shin MD, PhD[2]
1. University of Arizona College of Medicine, United States
2. Seoul National University Hospital, Republic of Korea
3. Seoul Metropolitan Boramae Hospital, Republic of Korea

Introduction: Traumatic brain injury (TBI) is a major global health burden and the leading cause of injury-related death and disability worldwide. In March 2020, the World Health Organization (WHO) declared the novel coronavirus disease 2019 (COVID-19) a global pandemic. The purpose of this study was to investigate the effects of the COVID-19 pandemic on the mortality of TBI patients transported by emergency medical services (EMS).
Methods: Adult TBI patients who were assessed and transported by EMS between January 2018 and December 2021 were analyzed. The main exposure was the COVID-19 pandemic period at the time of the event. The primary outcome

https://doi.org/10.1017/S1049023X26104506 Published online by Cambridge University Press