

Results: Over the five day festival period, foot care visits accounted for 416 of 1129 (37%) patient presentations for minor care. Most common injuries were blisters (51%), ankle sprains (10%), lacerations (8%), abrasions (6%), and bug bites (6%). Footwear was reported as shoes (28%), shoes and socks (28%), flip-flops (19%), sandals (28%) and bare feet only (5%). The most common blister sites were toes (48%) and the posterior heel (17%). 12% of cases were repeat visits, and 50% of repeat visits were for dressings failure.

Conclusion: Foot injuries make up a significant portion of presentations, and often re-presentations, to medical services at music festivals. Preparation for these common injuries should include (1) a dedicated and purposeful bandage selection and supply, (2) provider training in best foot care practices, including bombproof, danceable dressings, and (3) educational resources to inform attendees of risks and provide preventative upstream measures that might allow them to avoid injury.

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The Role of Nurses in the Reclassification Exercise of the Japan Disaster Relief Search and Rescue Team (the JDR Rescue Team)

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Introduction: The JDR Rescue Team has successfully completed the INSARAG External Re-Classification (IER) process, which evaluates the operational capability and capacity of Urban Search and Rescue (USAR) teams and has achieved the highest "Heavy" reclassification in November 2022. Two nurses participated in the IER process as part of the medical unit of JDR Rescue Team. In addition, ten registered nurses completed as Exercise Control (EXCON).

Method: Summarize the JDR Rescue Team and medical unit and make observations on what nurses did in the IER.

Results: The JDR Rescue Team is dispatched by the Government of Japan in response to large-scale disasters overseas. The task force team has 75 members from various specialties, including the rescuer, and medical unit. The medical unit consists of one medical manager, 2 doctors, and two nurses. There are currently about 50 registered medical unit members in our team, and of these, a total of 23 nurses are registered. The role of nurses during the IER process, includes a 36-hour non-stop scenario-based exercise. The team nurses are involved in various roles, such as Confined Space Medicine (infusion for patients, assisting on-site amputation), caring or treating injured rescuers and search dogs, providing health and welfare monitoring and operating a decontamination system. The EXCON nurses were involved in managing the simulation. One of their key roles was to play as a victim realistically so as to provide a sense of tension for the simulation.

Conclusion: The JDR Rescue Team has more medical unit members than those in other countries. In particular, teams with so many nurses are rare. nurses played a vital role in this IER. The contribution of nurses is identified in order to make the international USAR team more strong and more flexible.

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Self-Injurious Thoughts & Behaviors of Firefighters: A Quantitative Descriptive Study

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Introduction: Little is known about Self-Injurious Thoughts & Behaviors and Non-Suicidal Self-Injury in firefighters in two East Coast United States metropolitan fire departments based on fire service tenure.

Method: • Study comprised of two parts, a survey and a questionnaire, both conducted online. Using the Computer Adaptive Test–Suicide Scale

- The only computer-based adaptive mental and behavioral health assessment clinically validated worldwide.
- Validated against face-to-face structured clinician-led assessment.
- Participants received a unique identifier and hyperlink allowing them access and confidentiality.
- Study was completed on participants' personal electronic devices, on their own time, at their own pace.

A single-factor or One-Way ANOVA tested for a significant relationship between the variables and the four tenure groups simultaneously. Time of administration averaged 86 seconds, with a median of eleven questions.

Results: The C-SSRS identified six participants triggering suicide alerts. One in the early-career category and five in the late-career category. The CAT-SS identified one participant as high-risk and 33 participants for suicidality. One participant in the early-career category.

Conclusion: Early-career and late-career firefighters have more self-injurious thoughts and behaviors and mid-career firefighters have the least.

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Thicker Posterior Subcutaneous Adipose Tissue (SAT) and Slighter Difference of SAT During the Peri-arrest Period are Associated with Favorable Neurological Outcomes at Hospital Discharge in Patients with In-Hospital Cardiac Arrest

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Introduction: Subcutaneous adipose tissue (SAT) and bony thorax will deform and conduct driving force during cardiac arrest (CA). The association between short-term prognosis and deformation of adult thorax for patients acquired return of spontaneous circulation (ROSC) following cardiopulmonary resuscitation (CPR) was unclear.

Method: Clinical records and CT images were collected from eligible patients admitted to the hospital who received CPR and achieved sustained ROSC from May 31st, 2019 to June 30, 2021. The patients were divided into different groups according to discharge outcome, then into three subgroups according to the ventilation mode before and after CPR. After that, patients with the same ventilation mode before and after CPR are combined and analyzed.

Results: Records from 1663 patients were reviewed. After selection, 70 patients were included into this study. Significantly thicker posterior SAT post-compression was found at the 7/8/10/11 spinous process plane in patients with favorable neurological outcome ($p < 0.05$). For patients receiving same kind of respiratory support before and after CPR, significantly thicker posterior SAT pre-compression at the 6/7/8/9/10/11 spinous plane and thicker posterior SAT post-compression at the 7/8/9/10/11/12 spinous plane ($p < 0.05$). For patients without mechanical ventilation before or after CPR, significantly thicker posterior SAT post-compression was found at the 10/11 spinous plane in patients with favorable neurological outcome ($p < 0.05$). For patients receiving mechanical ventilation before or after CPR, thicker posterior SAT post-compression was found at the 10/11/12 spinous plane was associated with favorable neurological outcome. No difference was found in the bony thorax within a different vertebral plane after subgroup analysis ($p > 0.05$).

Conclusion: Thicker posterior SAT and greater SAT depth difference after compression was associated with favorable neurological outcome at the discharge of patients who obtained ROSC after CA. A shorter duration of chest compression (<6 minutes) doesn't cause calculable changes in patients' bony thorax in patients who obtained ROSC after CA.

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Updated Comprehensive Framework for Disaster Evaluation Typologies

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Introduction: The Comprehensive Framework for Disaster Evaluation Typologies (CFDET) was originally developed in 2017 with minor updates in 2018 (CFDET2.0). CFDET was created to unify and provide agreement on the identification, structure and relationships between multiple evaluation typologies found in the disaster setting. Since the publication of this framework, the world has witnessed unprecedented disaster-related events including two (2) Public Health Emergencies of International Concern (PHEIC): COVID-19 and Monkey Pox as well as the emergence and continuation of armed conflict in various countries around the world. This work presents CFDET3.0 which incorporates updates on international disaster frameworks, disaster health updates and evaluation guidelines.

Method: A scoping literature review on international disaster frameworks, disaster health updates and evaluation guidelines has been undertaken and included reviewing peer-reviewed and grey literature.

Results: The scoping literature review revealed updates on the following important publications:

World Health Organization (WHO) Health Emergency Disaster Risk Management (H-EDRM) (2019);

International Health Regulations;
 Universal Health Coverage (UHC);
 Climate Change Conference (COP27);
 Fragile and Conflict-affected Contexts (FCAC);
 Public Health Emergencies of International Concern, and
 Updated evaluation standards, guidelines, evidence-based reviews and knowledge management.

Conclusion: Incorporation of these international updates into CFDET2.0, strengthens global health and international disaster health responses with a focus on disaster health evaluation. The updated framework will be referred to as CFDET3.0. Future research is scheduled to develop a series of toolkits that will support an improved disaster evaluation process.

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Implementation of Hospital Disaster Preparedness and Response Plan in Nepal: A Mixed Study in 3 Public Hospitals of Nepal

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