

variance and incidence rates can aid campaigns to improve survival. Data extraction and analysis on treatment prior to arrest and clearing of confounding factors might lead to more effective campaigns to improve survival.

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Conflict of interest None.

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34 EVALUATION OF DISPATCH OUTCOMES AND STAFFING OF THE COPENHAGEN MOBILE HEALTH AND SOCIAL CARE UNIT

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Background The mobile health-/social care unit (MHSCU) is a specialized unit within the Emergency Medical Services (EMS) in the Capital Region of Denmark. It provides acute social care for social deprived citizens and is staffed with a social worker and a paramedic. This study was to evaluate the MHSCU-dispatch outcomes and the combination of paramedical and social effort.

Method Data on the total number of MHSCU dispatches and outcomes in 2016 and 2017 was retrieved from the dispatch system operated by EMS Copenhagen and descriptively analyzed. **Results** MHSCU was dispatched 2976 times. Of these 384 patients (12.9%) were brought to a somatic emergency department (ED) and 255 (8.6%) to a psychiatric ED. A total of 355 patients (11.9%) were left to selfcare while 196 (6.6%) were brought to a shelter. Referred from EMS was 41 (1.4%) and referred to EMS was 4 (0.1%). referred to police was 13 (0.4%). In 1386 (46.6%) cases MHSCU were doing proactive work, citizen had left scene or MHSCU was cancelled. The remaining 342 (11.5%) were 'unknown'.

Conclusion Based on the low referral to emergency ambulances and police, the dispatch of MHSCU seems well-prioritized. Dispatches-outcome also indicate the need for both paramedical and social staffing as there is an approximately even distribution between health related and social related referral. This study concludes that a MHSCU can serve as a valuable resource in EMS systems.

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35 USE OF MASS TRANSFUSION SCALES IN PREHOSPITAL SETTING

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Background Hemorrhagic shock is one of the leading causes of death in trauma. Prompt implementation of transfusion with blood related products and surgery mitigate the effects of bleeding and shock. Early warning of mass transfusion needs by prehospital units could shorten the time of initiation of hospital protocols.

Objective To evaluate the adequacy of mass transfusion scales TASH and ABC in the prehospital setting.

Method Case control study of patients that were transfused in hospital and were treated and transported by SAMUR - Civil Protection. Both TASH and ABC scales were calculated and related with who received transfusion. Statistical analysis was used to describe the relation.

Results A total of 66 patients received transfusion. Median age of 41.5 years. 74.2% were male. A cut-off point of 16 or more was used as positive for transfusion need in the TASH scale and of 2 or more for the ABC scale. TASH showed a 100% sensitivity for transfusion need and ABC showed a 67%.

Conclusion Using predictive scales in the prehospital setting could give hospitals more time to activate their mass transfusion protocols. Scales should be easy to use and calculate. TASH has shown to be a good scale but is harder to calculate than ABC. Further testing of other scales could prove helpful to better the warning system between hospital and prehospital units.

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Conflict of interest None.

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36 DOES UNGUIDED CARDIO-PULMONARY-RESUSCITATION IN COPENHAGEN ACHIEVE HIGH QUALITY RECOMMENDATIONS?

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Background Survival from out-of-hospital cardiac arrest (OHCA) is associated with the quality of cardio-pulmonary-resuscitation (CPR). The European Resuscitation Council (ERC) and American Heart Association (AHA) define high quality CPR as compression depth of 5–6 centimeters, compression rate of 100–120 compressions/minute, full recoil (>400 milliseconds) after each compression and a hands-on time (compression fraction) of at least 60% (ERC) or 80% (AHA). The aim of this study was to investigate if unguided CPR performed by Copenhagen Emergency Medical Services (EMS) met these recommendations.

Method From October throughout December 2018, OHCA data were collected from ambulances within the Capital Region of Denmark using Zoll X-series defibrillator (without