Results and Conclusion There were 96 Code Red activations. Mean age was 43 (SD 18) years, and 66 (69%) were male. Median ISS was 29 (IQR 19–41, n=76, mean ISS 31, SD 17) with 71 (74%) blunt trauma. 87 (90%) received blood components with 73 (76%) receiving pre-hospital transfusion. 67 of 73 (92%) who received pre-hospital transfusion, received further hospital transfusion. Median time from 999 call to Code Red activation was 80 (IQR 50–109, n=61) minutes and 77 (93%, n=93) patients received pre-hospital TXA. Median time after ED arrival to transfusion was 4 minutes (IQR 0–17, n=50) for Concentrated Red Cells (CRC) and 16 minutes (IQR 5–28, n=49) for Fresh Frozen Plasma (FFP). Median time from ED arrival to Full Blood Count (FBC) result was 70 mins (IQR 50–109, n=61) and for clotting was 74 mins (IQR 54–100, n=83). 65 (68%) patients survived to hospital discharge. Activations have increased over the audit periods (audit 1=56, audit 2=66, audit 3=96), with an increased in female% noted this audit. Injury Severity Score (ISS) has increased (26,28,31) as has pre-hospital transfusions (16,48,73), pre-hospital tranexamic acid% (70,78,93), Rotational Thromboelastometry use (0,12,13) and massive transfusion (7,5,24). Time to CRC, FFP, FBC, and clotting results are maintained or improved. CRC (16,9,17) units and FFP (37 vs 14 units) wastage has increased. Survival% is maintained (63,66, 65) for attrition, to evaluate a change in response.

Abstract 1674 Figure 1 Comparison of pre and post survey 5-point Likert scale data

Following the session an increase to 98% of participants were prepared to deal with a bleeding wound, and 96% prepared use a bleeding control kit.

Of note 97% of attendees stated it was important that training was delivered by health care professionals.

This data suggests that the KnifeSavers education programme is an effective strategy in increasing public preparedness to manage life-threatening bleeding wounds and supports further expansion of the programme.

A further mixed methods qualitative assessment including paired t-test statistical analysis is underway.

Abstracts

1674 THE KNIFESAVERS BLEEDING CONTROL CAMPAIGN: AN EVALUATION OF THE PUBLIC EDUCATION PROGRAMME

Nicole Russell, Kristian Tattam, Josh Callon, Robert Jackson, Nikhil Mira. KnifeSavers and Liverpool University Hospitals NHS Foundation Trust; KnifeSavers; KnifeSavers and Salford Royal Hospital

Aims, Objectives and Background Penetrating trauma remains a leading cause of mortality in the United Kingdom with major haemorrhage a potentially preventable cause of death.

KnifeSavers, a not-for-profit healthcare professional led organisation based at a regional major trauma centre, launched in 2019 to educate and empower the public how to manage a bleeding wound. There are three pillars of the campaign; an education programme, distribution of bleeding control packs and a public awareness campaign all focused on stopping major bleeding at scene.

The aim of this review is to evaluate the response to the education programme and improvement in confidence and ability of the attendees to control major bleeding.

Method and Design Adult public members attending KnifeSavers education sessions between July 2021 and March 2022 were recruited to partake in pre and post event surveys.

Utilising a 5-point Likert scale participants willingness and preparedness to manage bleeding knife related wounds were assessed.

The data was comparatively measured, without accounting for attrition, to evaluate a change in response.

Results and Conclusion There were 137 responses to the pre survey and 74% retention rate for the post session survey (n=101).

Despite a consistently high willingness in participants to intervene (93% pre session and 96% post), only 28% felt prepared to manage a bleeding wound prior to the education session, and 27% felt prepared to use a bleeding control kit.

Following the session an increase to 98% of participants were prepared to deal with a bleeding wound, and 96% prepared use a bleeding control kit.

Oft note 97% of attendees stated it was important that training was delivered by health care professionals.

This data suggests that the KnifeSavers education programme is an effective strategy in increasing public preparedness to manage life-threatening bleeding wounds and supports further expansion of the programme.

A further mixed methods qualitative assessment including paired t-test statistical analysis is underway.

1475 DERIVATION OF A TOOL TO PREDICT MORTALITY IN A POPULATION OF FREQUENT ATTENDERS TO AN INNER CITY EMERGENCY DEPARTMENT

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Aims, Objectives and Background The Royal College of Emergency Medicine defines Frequent Attenders (FA) as anyone who attends the Emergency Department (ED) five or more times per year. This group has a high mortality and is a significant burden on services. The Bristol Royal infirmary (BRI) is a city-centre adult-only ED, where 1.8% of our patients are FAs, with a 5 year mortality rate of 20% in this group. Our aim was to further develop a triage tool used by the BRI High Impact User team, by determining which factors increase mortality in our population.

Method and Design Data was collected retrospectively from 250 electronic patient records, randomly selected from 1780 FAs attending in 2016. Six variables were chosen for analysis; current mental health problems (MHP), homelessness, injecting drug use, alcohol misuse, chronic medical problems (CMP) and number of attendances that year. Data on age, gender and S-