Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Results: A total of 30 needs assessments were completed by the study population. Of this total, 20 (66%) had never used ultrasound before in any context, 10 (33%) had used it before but only for ultrasound guided intravenous line placement. No participants had previously performed an ultrasound of the heart, lungs or neck. A total of 16 paramedics and 19 flight nurses were present for the didactic and the hands on ultrasound scanning sessions. Average score on the pretest was 40.7 % and improved to 66.3 % after training. Of 35 total participants, 33 improved their performance from pre to posttest, while 2 participants’ scores decreased. Questions regarding anatomy had the poorest performance while questions regarding pathophysiology and correlation between physical exam findings and image interpretation showed the strongest performance.

Conclusion: In this study, ultrasound education had a positive effect on test scores among EMS providers. Test performance reflected the learners’ background focused in clinical medicine and pathology. Out-of-hospital providers performed poorly on questions identifying anatomical structures. This curriculum has implications for expansion of ultrasound education to EMS providers for earlier diagnosis and treatment of life-threatening conditions and the type of learning focus most appropriate for their background. The group of largely ultrasound naive learners was willing and excited to proceed with this educational protocol.

169 Emergency Department Utilization Trends during the COVID-19
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Study Objectives: With COVID-19 cases and fatalities increasing globally, health officials implemented many policies and restrictions to slow the rate of infection. In California, a statewide stay-at-home order was issued on March 19, 2020. Subsequently, individuals avoided gatherings and public places, which potentially increased their risk of contracting the virus, including emergency departments. There is concern that delaying preventive and emergent care could have negative health consequences, especially among those managing chronic conditions and the elderly. The objective of this study was to assess patterns of ED utilization during the initial COVID-19 pandemic, as compared to utilization during the prior year.

Methods: We conducted a multi-center, retrospective study among adult patients (≥18 years) presenting to two emergency departments (urban level 1 trauma center and suburban academic hospital with combined annual census of ~83,000). We compared weekly ED utilization between two distinct time periods: March 1 to May 30 in 2019 (n=21,226 visits) and 2020 (n=15,927 visits). We calculated the percent change in ED utilization from 2019 to 2020 for each of the 13 weeks, assessing trends over time by patient age, sex, race/ethnicity, homelessness, presence of chronic conditions, and primary reason for ED visit.

Results: Compared to 2019, weekly ED volume and admissions in 2020 decreased by as much as 41.8% and 37.2%, respectively. While weekly ED volume in 2020 did not return to 2019 levels (~17.0% at the highest), admissions did (~0.8% at the highest). Patients 65-74 year of age saw the highest weekly decrease at 50.8% below 2019, and while weekly admissions also decreased for this group by up to 48.3%, admissions spiked to an average of 23.0% above the previous year during the last two weeks of the study period. On average, ED visits by females decreased in 2020 by 30.1%, compared to 20.2% for males. ED visits by Non-Hispanic Asians were at least 30% below the prior year for 9/13 weeks, compared to Non-Hispanic Blacks who only surpassed a 30% decrease during one week. ED volume was relatively unaffected among patients experiencing homelessness, with an average weekly decrease of 4.5%. Patients with diabetes saw a high of 45.1% decrease in admission compared to 2019, but were within 5% of the previous year during 3 of the final 4 weeks of the study period. Psychiatric-related visits and alcohol and substance-related visits decreased as much as 50.6% and 52.0%, respectively; however, alcohol and substance-related visits averaged only 6.8% below 2019 volumes during the last 4 weeks of the study period compared to 26.0% among psychiatric visits. Visits for skin and subcutaneous tissue infections decreased up to 44.4%, but also saw volume above 2019 levels for 5 different weeks (range +2.2% to +34.1%). Similarly, weekly sepsis-related and cardiac dysrhythmia visits were at least 15% higher than 2019 for 2 of the last 4 weeks, and, 3 out of the last 4 weeks, respectively.

Conclusion: This study of ED utilization trends during the COVID-19 pandemic demonstrated that ED volume and admissions decreased dramatically compared to the prior year. However, there was much variation among the patient population, and unfortunately elderly patients and those with chronic conditions may be paying the price for initially avoiding the ED. Further study with a longer follow-up period is needed to evaluate potential health consequences for patients who may be delaying care.

170 Use of Transthoracic Ultrasound to Confirm Placement of Resuscitative Endovascular Balloon Occlusion of the Aorta in Medical Cardiac Arrest
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Study Objectives: The objective of this study is to assess the feasibility of using bedside ultrasound to visualize and confirm aortic placement of resuscitative endovascular balloon occlusion of the aorta (REBOA) within an emergency medicine (EM)-initiated multi-disciplinary protocol in non-traumatic OHCA.

Methods: REBOA is a hemorrhage control technique involving the intra-vascular occlusion of the thoracic aorta using a balloon catheter and may help to increase coronary and cerebral perfusion during non-traumatic out-of-hospital cardiac arrest (OHCA) by directing blood flow to the upper body. We are conducting a single-arm early feasibility study of REBOA initiated in the emergency department (ED) for OHCA using an investigative device approval by the Food and Drug Administration (FDA) with an exception from informed consent. During CPR, an emergency physician obtains common femoral access using a 7F introducer sheath while the REBOA catheter is prepared and subsequently advanced by an interventional radiologist (IR). While sheath introducer placement can be confirmed with ultrasound views of the common femoral artery, we seek to confirm intrathoracic REBOA placement using transthoracic bedside ultrasound. Our goal is to enroll 20 patients into this study and use transthoracic ultrasound to confirm REBOA placement in each.

Results: Two of the initial twenty patients were enrolled between January and February 2020, with a temporary pause in enrollment due to the COVID pandemic from March to July 2020. In both enrolled patients, transthoracic views were obtained confirming intra-thoracic aortic placement of REBOA by an emergency physician.

Conclusion: In our initial two cases, thoracic aortic placement of the REBOA in non-traumatic OHCA was confirmed by emergency physicians using transthoracic ultrasound. This demonstrates correct placement of aortic endovascular devices can be confirmed using emergency physician operated ultrasound. Further research is needed to determine what factors may impact emergency physicians’ ability to successfully identify and confirm aortic device placement.

171 COVID-19 Symptoms among Emergency Department Patients and Implications for Screening
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Study Objectives: With COVID-19 cases increasing nationally, there is demand for policies that can slow the spread of the virus. As businesses and health services begin