

compared with 6 weeks preceding lockdown, before returning and then exceeding beyond pre-lockdown levels.

Method: Prospective data was collected for all ED trauma calls and regional referrals to the Major Trauma Service. We compared the initial 27-day lockdown periods in November to March 2020; specifically comparing trends in code red calls, silver trauma, road traffic collisions and injuries resulting from deliberate self-harm.

Results: There were a similar number of RTCs (18 vs 16) in both periods. There was a 28% increase in the number of trauma calls (103 vs 80), and a 4-fold increase in Code RED calls (8 vs 2) and injuries due to deliberate self-harm (8 vs 2). There were almost double the number of silver trauma patients. Interestingly, there was a 30% decrease in alcohol related trauma alerts.

Conclusions: Our results reflected the level of restrictions in place; a higher incidence of trauma calls including code reds and RTCs in November. The higher incidence of self-harm noticed in the second lockdown may reflect the psychological impact of the pandemic and change in restrictions over time.

118 Trauma in COVID-19: A comparison analysis of trauma calls at a Major Trauma Centre in the UK during the CoVID pandemic restrictions

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Aim: Varying restrictions placed on the UK public to manage the COVID-19 Pandemic impacted on the day-to-day lives of most people and changed the presentation and nature of trauma presenting at our UK Major Trauma Centre. Trauma activity during the November and March 2020 lockdown periods were compared and the changes in trauma activity were used to inform workforce planning. During the most restrictive period, March 2020, trauma activity initially decreased