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Opportunities and Roles of EMTs in Accelerating Disaster Recovery: A Canadian Red Cross Approach

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Study/Objective: This field case study highlights how Emergency Medical Teams (EMTs) have bridged the gap between the emergency response and early recovery, of a health-system affected by a Sudden Onset Disaster (SOD), by supporting continuity-of-care and capacity building, using the experience and methodology of the Canadian Red Cross (CRC).

Background: Following a SOD, many EMTs leave the affected country at the two-week mark. This can lead to significant gaps in the continuity of health service delivery, resulting in heightened public health risks within a fragile health-system. The CRC has been deploying Emergency Field Hospitals (EFHs) in response to disasters since 1996. Recent external evaluations of CRC deployments (type 1 or 2) deployed to the Philippines, Nepal and Ecuador, have validated the success of the approach of CRC. CRC has handed over the EFH in the Philippines, Nepal and Ecuador.

Methods: CRC partners with the Red Cross of the affected country when deploying an EMT. Contrary to many EMTs, these deployments typically range from 1-4 months, and are followed by additional programming. CRC's handover process includes training and donation of medical equipment to a local partner. A desk review, analysis of operational data, and expert interviews have identified the vital role of EMTs in recovery and health-system strengthening, by staying longer than two weeks, delivering more than clinical services, employing a comprehensive handover, and embedding services within the health-system.

Results: The Ministry of Health in the Philippines, Nepal and Ecuador were able to ensure service-delivery, despite the departure of CRC and health-systems that were not fully rehabilitated. Additionally, the Philippine Red Cross has deployed its own newly-acquired EFH, to more than 5 operations. Similar results can be seen in Nepal and Ecuador.

Conclusion: Evidence will inform organizations deploying EMTs methods to improve continuity-of-care, and the critical role of EMTs in accelerating disaster-recovery.

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Improving an Emergency Medical Team's Capacity to Management of Diabetic Complications, Post Sudden Onset Disaster

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Study/Objective: Review the development of an integrated clinical service for the management of surgical diabetic complications, post-Sudden Onset Disaster (SOD) by an Australian Emergency Medical Team (EMT).

Background: Asia is the site of a rapidly emerging diabetes epidemic. The management of diabetes after a Sudden Onset Disaster (SOD) is complicated by a lack of monitoring and therapy for diabetes and reduced access to basic wound care. Furthermore, many persons in low- and middle-income countries with diabetes remain as a baseline undertreated. In 2013, an Australian Medical Assistance Team (AusMAT) deployed a Type 2 EMT to Tacloban in response to Typhoon Haiyan. Thirty-two percent of the surgical workload was diabetic limb infections and sepsis, as a result of relatively minor injury. Many dilemmas were encountered, not limited to difficulty with timing of wound closure, an absence of pharmaceuticals for discharge, limited inpatient expertise with diabetic management, and concerns about the usage of diabetic medications post-discharge in a food scarce environment.

Methods: This paper reviews the experience of the AusMAT EMT 2 in Tacloban and chronicles the improvements in clinical pathways, pharmaceuticals, nursing, and rehabilitation staffing and engagement with the host nation's Ministry of Health.

Results: Since 2013, the AusMAT EMT has added the following aspects to its service:

- Increased number of and range of diabetic medications;
- Increase laboratory capacity to diagnose and treat the complications of diabetes;
- A focus on integrating internal medicine expertise in the team;
- Including nurses with diabetic management and education expertise; and
- Clinical practice guidelines for surgical management of diabetic foot wounds.

Conclusion: The experience of the AusMAT Type 2 EMT in Tacloban with serious diabetic foot complications from minor injuries has led to a considerable reconfiguration of the clinical service provided in response to a SOD.

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WHO' Minimum Technical Standards and Recommendations for Rehabilitation, for Emergency Medical Teams' Guidance: Development and Use

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Study/Objective: To disseminate the development and use to date, of the WHO 'Minimum Technical Standards and Recommendations for Rehabilitation for Emergency Medical Teams' guidance document (e-publication expected December 2016).

Background: The World Health Organization (WHO) Emergency Medical Team (EMT) initiative, supports populations severely impacted by large-scale catastrophic disasters by ensuring a rapid, professional, coordinated medical response by national and international teams. Physical rehabilitation has become increasingly recognized as an essential health component of the medical response in disasters, due to the humanitarian imperative to limit long-term disability, and optimize functional outcomes in persons sustaining severe traumatic injuries (and infectious disease outbreak sequelae). The WHO 'Minimum Technical Standards and Recommendations for Rehabilitation for Emergency Medical Teams' was developed to provide guidance for integrating rehabilitation capacity into EMTs, and hence the global humanitarian medical response.

Methods: Guidance document development was a highly consultative process hosted by WHO involving global experts from the rehabilitation field, including operational rehabilitation from International Non-Governmental Organizations (INGOs), international professional rehabilitation societies, and individuals.

Results: The WHO 'Minimum Technical Standards and Recommendations for Rehabilitation for Emergency Medical Teams' guidance document draft, is available on the WHO EMT Initiative extranet, with the official e-publication anticipated in December 2016. The minimal technical standards for rehabilitation have been incorporated into the verification process undergone by EMTs, to qualify for global classification. It is expected that use of the minimum standards and recommendations will result in expanded, quicker access of patients to rehabilitation services (and equipment) in disasters, as well as improved referrals between EMTs and local health facilities for ongoing rehabilitation service provision - translating to increased near-term functional outcomes and reduced long-term disability for affected persons.

Conclusion: In conclusion, the WHO 'Minimum Technical Standards and Recommendations for Rehabilitation for Emergency Medical Teams' guidance document establishes minimum standards for rehabilitation to increase the rehabilitation capacity of EMTs in disasters (and outbreaks).

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International Emergency Medical Teams in the Russian Federation

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Study/Objective: To show the tools and tasks of Emergency medical teams in the Russian Federation.

Background: International experience of a national Mobile Field Hospital in the Russian Federation (RF) is very large (Columbia, Turkey, Iran, China, Afghanistan, Chile, etc). The Task of this presentation is not to show the procedures of WHO in step-by-step certification of International Emergency Medical Teams, but rather how this processing was created in the Russian Federation.

Methods: Procedure analysis.

Results: 1. In Civil Law Code there is a special legislative article, supported by some part of the state budget, for humanitarians, free of charge assistance delivery for the injured in emergencies anywhere. 2. Medical emergency relief in all aspects is never connected to policy, politics, confession, economical status of patient, etc. Protocols and Standards are the same to everyone injured independently upon his social position. 3. Every central hospital or specialized clinic has bed reserves (5%) if any emergency occurs. 4. All the system of Emergency Medical Care in RF has its satellite network, and taking it into account, could connect all the medical facilities and register of specialists into one competent and powerful telemedicine framework. 5. The system has mobile field hospitals, portable modern equipment, and staff prepared who are regularly educated and trained. 6. The system is strictly organized, centralized vertically, and is under the management of the RF Health Ministry, 7. The system is strictly territorially organized and has more than 80 territorial and regional units (centers). In such a way, all Russian Disaster Medicine Centers 'Zaschita' (Protection) have become one of the first in the great number of medical facilities amidst many WHO member-countries who satisfies the requirements of WHO procedures of certification.

Conclusion: Tasks of the internal emergency medical teams of RF, Disaster Medicine Centre 'Zaschita', as a collaborating WHO disaster medicine center, are presented and discussed.

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Learning from Canadian Red Cross International Health Team Deployments: Understanding Individual and Institutional Competencies that would be Beneficial to a Canadian Domestic Response

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Study/Objective: To determine the types of individual/institutional competencies/skills that are obtained from working with the Canadian Red Cross (CRC) International