

Results: Nine I-EMTs were deployed to Beirut following the explosion. Five were equivalent to EMT Type 2 (field hospitals), of which three were military. The first I-EMT arrived within 24 hours, while the last I-EMT was set up one month after the explosion. Four civilian I-EMTs provided non-clinical support as EMT Specialized Care Teams. A majority of the I-EMTs were focused on trauma care. Three I-EMT Specialized Care Teams were rapidly re-tasked to support COVID-19 care in public hospitals.

Conclusion: A majority of the deployed I-EMT Type 2 were military and focused on trauma care rather than the normal burden of disease, including COVID-19. Re-tasking of EMTs requires flexible EMTs. To be better adapted, the I-EMT response should be guided by a systematic assessment of both healthcare capacities in the affected country as well as the varying health effects of hazards before deployment.

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Medics, Mercenaries and Miscreants — A review of Canadian Medical Assistance Teams' EMT Type 1 response to the conflict in Ukraine

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Introduction: On February 24, 2022, Russia invaded Ukraine, resulting in Europe's largest refugee crisis since World War II. More than six million Ukrainians fled the country—half of these to Poland—and one-third of the population was internally displaced.

Border points became bottlenecks where fatalities were reported—people risked their lives in long queues and subzero temperatures.

Method: This presentation focuses on experiential information obtained during a 17-week deployment of EMT Type 1 both at border points (fixed) and in northwestern Ukraine (mobile). Quantitative and qualitative data were obtained after deployment by online survey with 75 medical, logistical and interpreter volunteers.

Results: Initial teams experienced extremely fluid demands and numerous challenges with security, team adherence to COVID-19 protocols, behavioral issues with less experienced volunteers, and collaboration with novel governmental and non-governmental partners to achieve objectives.

Conclusion: 1. Deployment to a conflict setting requires adherence to the Incident Command System, with daily security briefings and structured handover between teams at the beginning of each deployment.

2. Strict adherence to well-defined protocols for the prevention and management of emerging infectious risks such as COVID-19 is necessary, along with contingency plans to isolate infected team members.

3. There is a need for standardized pre-deployment vetting, training and orientation of all volunteers—particularly team leaders.

4. Identification of international partners should start pre-deployment and remain a continuous process during deployment.

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Introduction of Emergency Medical Team Coordination Cell Assistance Activities in 2022 Moldova EMTCC Operation and Future Suggestions

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Introduction: Emergency Medical Team Coordination Cell (EMTCC) was established in WHO Moldova Country Office to coordinate responding International EMTs in March 2022. Japan International Cooperation Agency (JICA) sent an EMTCC assistance team to support the WHO-approved minimum data collection for emergency medical teams, Minimum Data Set (MDS), operations and other coordination activities. Introducing activities of the JICA EMTCC assistance team at the Moldova EMTCC will suggest future use.

Method: EMTCC assistance team activities were reviewed.

Results: There was a wide range of high-level administrative functions in EMTCC, such as planning, logistics, assurance and governance, and human resources. One of the significant functions was introducing MDS to the medical team and extracting the data summaries for reporting to the Moldova Ministry of Health. All these tasks require considerable time to manage and must be completed promptly for effective EMTCC operations.

Conclusion: The EMTCC coordinator should function as a decision-maker to control the coordination of EMTs communicating with WHO and implementing the EMT initiative. In a disaster, especially in the acute phase of EMTCC activities, more high-level administrative functions will be required with immediate processing. Therefore, it is considered that the EMTCC assistance team should work with the coordinator as early as possible. In addition, all these EMTCC assistance team activities should be standardized and specified in the EMTCC handbook for future operation reference.

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