Psychologists Work in the Portuguese Emergency Medical Team (PT EMT): Best Practices in Emergency Medical Team (EMT) Deployments

Sónia Cunha Psy.D, Joana Faria MSP, Margarida Mota MSP, Carlos Pereira MSP, José Carlos Rego MSP, Sara Rosado MSP, Ândrea Figueiredo MSN, Luis Ladeira MSN, Ivo Cardoso MSN, Ana Correia MD
INEM – National Institute of Medical Emergency, Lisbon, Portugal

Background/Introduction: The role of Mental Health and Psychosocial Support (MHPSS) in EMTs is crucial, especially during emergencies and disasters, which elevate mental health risks. According to the WHO, timely MHPSS interventions can reduce these risks, promote recovery, and enhance resilience. In the PT EMT, psychologists support the EMT team's stability and functionality and intervene with patients or affected populations as needed. Their interventions include managing complex emotional situations, providing psychoeducation, and assisting in grief processes and referrals.
Objectives: Reflect on the importance of MHPSS in EMT deployments, analyzing psychologists' interventions and key lessons learnt.
Method/Description: Integrative literature review and PT EMT cases study.
Results/Outcomes: The literature review emphasizes the importance of early psychological intervention during disasters, outbreaks, and complex emergencies. In PT EMT's experience, nine psychologists, trained through the Disaster Response Core Training Course, have been deployed in seven missions. Their work highlights the need for psychologists in EMT deployments to ensure team well-being and effective patient care.

Considering this, a clinical guide for psychological intervention in disaster situations is being developed. INEM's Psychologists are also advancing psychological first aid training for health professionals and providing advanced training for psychologists in emergency intervention. This initiative was vital during events such as World Youth Day 2023, a mass gathering event.
Conclusion: The experience in the PT EMT, allow us to recommend the Psychologists' enrolment in the EMT deployments. This inclusion has shown significant benefits, reinforcing the need for ongoing training and the development of best practices for psychological support in disaster response.

Prehosp. Disaster Med. 2025;40(Suppl. S1):s10
doi:10.1017/S1049023X25000433

Standards Development for Complex Humanitarian Settings: The Use of an Interregional Field Exercise (IFX) Program to Drive Minimum Operational Standards Development for Rapid Response Mobile Laboratories (RRML)

Jan Baumann, Kristina Ronsin, Eugeniu Conovali, Anna Borshchevska, Oleg Storozhenko
WHO Regional Office for Europe, Copenhagen, Denmark

Background/Introduction: RRMLs provide critical laboratory diagnostic support in crisis situations and are an important asset of the global health emergency workforce as part of the Global Outbreak Alert and Response Network (GOARN) global strategic group for Diagnostic Surge Capacities (DiSC). Minimum Operational Standards and a Typology (MOST) for RRMLs were designed to provide rapid and quality operational response tailored to the needs of affected communities, and to integrate RRMLs into existing coordination and response structures in emergencies.
Objectives: An Interregional Field Simulation Exercise (IFX) Program was launched to assess applicability, feasibility, and comprehensiveness of MOST standards. The program also aimed to define recommendations aimed at strengthening coordination and interoperability of RRMLs with a wide range of operational partners.
Method/Description: Expanding upon an initial table-top exercise in Germany (May 2023), two full-scale field exercises of increasing complexity were conducted in Türkiye (June 2023) and Georgia (February 2024) uniting over 200 partners from all WHO regions. This collaborative effort has informed the finalization of the MOST, the update of the RRML typology.
Results/Outcomes: As a result of the IFX implementation a comprehensive and applicable set of standards was agreed and endorsed by the RRML community of practice, supporting both a quality response and seamless integration of RRMLs into operations of the global health emergency corps.
Conclusion: This study underlines the benefit of field simulation exercises for the development of standards aimed at strengthening quality response, interoperability, and coordination in complex humanitarian settings through testing them in realistic and safe environment by a wide range of operational partners.

Prehosp. Disaster Med. 2025;40(Suppl. S1):s10
doi:10.1017/S1049023X25000445

Ready, Set, Deploy: AUSMAT's Surgical Cache Gets a Makeover

Merrilyn Diverall Ma. (Education); Ba(Nurs); Grad Cert. Periop, Wendy Rogers BNur (Hons); MNur (Leadership and Management); Grad. Cert Periop; FACORN, Kath McDermott MPH, BNurs, DipHSc, GCert Periop, GCert Anaesthetic and Rec RmNurs
National Critical Care and Trauma Response Centre, Eaton, NT, Australia

Background/Introduction: The Australian Medical Assistance Team (AUSMAT), a Type 2 Emergency Medical Team launched a project to ensure its surgical cache remains perpetually deployment ready for response to sudden-onset disasters and other health emergencies.
Objectives: The objectives of this project included: inventory accuracy, compliance with standards, expiry date management, procurement and replenishment, functionality and condition, quality assurance, education and training, workforce review and budget compliance.
Method/Description: Two AUSMAT perioperative specialist nurses for a period of 8 months were appointed to critically audit the surgical cache through all phases of the perioperative

environment with a major focus on the World Health Organization (WHO) Classification and Minimum Standards for Emergency Medical Teams and Australian Sterilizing Standards - AS5369:2023. The specialist nurses engaged with key stakeholders such as the AUSMAT Surgical Working Group and the AUSMAT Preparedness and Response Team. Furthermore, an online AUSMAT nursing workforce survey and review were completed.
Results/Outcomes: The project involved detailed planning, development, and implementation, resulting in strategic recommendations for continuous quality improvement processes. Key outcomes included operational efficiency and an enhanced surgical educational program. Financial gains were realized through scrutiny of surgical equipment and rationalizing purchases while maintaining WHO EMT Type 2 verification status.
Conclusion: The project outcome includes strategic recommendations for continuous quality improvement processes and highlights the potential for further developing the AUSMAT Surgical Course. This initiative ensures operational efficiency and strengthens AUSMAT capacity to respond effectively to health emergencies.

Prehosp. Disaster Med. 2025;40(Suppl. S1):s10–s11
doi:10.1017/S1049023X25000457

The Imperative for a Comprehensive Medical Planning in Detention Facilities in Conflict Settings

Lina Echeverri MD, MSc DM, PhD (c)[1], *Elias Saade MD, MSc, DM*[2], *Luca Ragazzoni MD, PhD*[1]
1. CRIMEDIM, Novara, Piedmont, Italy
2. ICRC, Bukavu, Democratic Republic of the Congo

Background/Introduction: Detention facilities, particularly in conflict settings, pose significant challenges for healthcare provision. These facilities, housing detainees, prisoners of war, or others in custody, often suffer from overcrowding, poor sanitation, and inadequate access to medical care. Unfortunately, medical planning within these environments is frequently insufficient.
Objectives: The objectives are to (i) enhance medical planning in detention facilities within conflict settings (ii) support evidence-based definitions of care standards; (iii) identify the essential skills and competencies required by personnel to deliver optimal care in these constrained environments.
Method/Description: A mix-method approach will be employed in two phases: (i) a desk review to thoroughly understand current medical planning and standards of care in conflict-related detention facilities and (ii) Focus Group Discussions (FGDs) with experts and stakeholders working in this field. Method triangulation will be utilized to strengthen data analysis.
Results/Outcomes: Preliminary analysis shows gaps and inequality in health services provided to detainees in conflict settings, most of the time even neglected. Detention facilities must be included in plans for mass casualties, mass gathering and outbreak of infectious diseases, and strengthen the capacity, capability, collaboration and coordination between local authorities and medical teams working in these facilities.
Conclusion: Addressing health gaps in detention facilities requires a multidisciplinary and collaborative approach. The lack of inclusion of detention facilities when planning health responses in conflict settings, challenges coordination and collaboration between medical teams with local authorities and organizations working in these facilities compromising access to quality care for detainees.

Prehosp. Disaster Med. 2025;40(Suppl. S1):s11
doi:10.1017/S1049023X25000469

Fresh Whole Blood: A Feasible Alternative in Disasters and Mass-Casualty Incidents? A Systematic Review and Meta-Analysis

Alba Ripoll Gallardo MD, PhD[1], *Marta Caviglia MD, PhD*[1,2], *Matteo Ratti MD*[2], *Daniele Ceriotti MD*[2], *Grazia Meneghetti MD*[1], *Luca Pigozzi MD*[3]
1. CRIMEDIM - Center for Research and Training in Disaster Medicine, Humanitarian Aid and Global Health, Novara, Italy
2. Department of Translational Medicine, Università del Piemonte Orientale, Novara, Italy
3. Department of Medical Sciences, Università Degli Studi di Torino, Torino, Italy

Background/Introduction: While balanced blood component therapy (BCT) is pivotal in trauma patient damage control resuscitation in well-resourced settings, disasters and mass casualty incidents (MCIs) pose significant challenges, especially in securing sufficient access to blood products. In this context, fresh whole blood (FWB) could be a feasible and rapidly available alternative to BCT for life-threatening hemorrhages.
Objectives: This systematic review and meta-analysis aim to explore the utilization of fresh whole blood (FWB) transfusion as a potential alternative to BCT, informing future research and clinical strategies.
Method/Description: We searched PubMed, MEDLINE, Embase, CINAHL, the Cochrane Library and grey literature for articles identifying FWB transfusions. We evaluated the outcomes of post-FWB transfusion and conducted a meta-analysis comparing overall mortality in patients receiving FWB in addition to BCT during damage control resuscitation with those receiving BCT or single blood components alone.
Results/Outcomes: Of the 4830 studies identified, only 74 articles met all the eligibility criteria; the majority of them were conducted in military contexts. Mortality outcomes did not differ between FWB vs BCT alone group, with a pooled OR of 0.61 (95% CI: 0.38 – 0.98) overall, and a pooled OR of 0.47 (95% CI: 0.25 – 0.87) after adjusting for confounders. FWB transfusion related complications rarely occurred.
Conclusion: While FWB shows potential as an alternative to BCT for managing severe hemorrhagic shock in disasters and MCIs, additional research is essential to validate FWB's efficacy before considering it as a standard approach in civilian scenarios. Further studies focusing on the feasibility of implementing FWB in civilian contexts are also warranted.

Prehosp. Disaster Med. 2025;40(Suppl. S1):s11
doi:10.1017/S1049023X25000470