

Abstracts of Scientific Papers-WADEM Congress on Disaster and Emergency Medicine 2017

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.

Prehosp Disaster Med 2017;32(Suppl. 1):s91

doi:10.1017/S1049023X17002357

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.

Prehosp Disaster Med 2017;32(Suppl. 1):s91

doi:10.1017/S1049023X17002369

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

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