Paramedics and Public Health Emergencies: Is There a "Duty to Respond"?

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Introduction: As evidenced by Toronto's experience with severe acute respiratory syndrome (SARS), paramedics provide an integral role during a public health emergency or disaster, potentially risking exposure to infection, illness, and death. Given that a range of serious risks are associated with response to a public health emergency, paramedics may be unwilling to work. As the paramedic workforce is not an unlimited resource, consideration must be given to this issue by emergency and disaster planners, with a specific focus on "duty to respond". During normal operating procedures, paramedics understand their "duty of care" to individual patients. However, during a public health emergency, when the point of care moves from the individual patient to the greater population, is there a "duty to respond", and can this be legally enforced?
Methods: An extensive search of existing state and national legislation was conducted to examine the concept of "duty to respond" in the Australian context.
Results: National Emergency Management and Health Acts, along with ambulance service regulations, were reviewed with a focus on "duty to respond". There was no clear focus on "duty to respond" or the ramifications of failing to respond. As Australia is a Common Law Country, the issue of duty to respond would be managed through paramedics individual contracts with their respective ambulance services, and failing to respond could be managed using pre-existing standard terms and conditions for employment. Under such circumstances, the ambulance services would need to demonstrate that the direction to respond was appropriate.
Conclusions: The concept of "duty to respond" was not adequately addressed in any of the legislation or regulations identified and needs to be addressed by appropriate agencies.
Keywords: duty to respond; emergency; exposure; paramedic; public health; severe acute respiratory syndrome
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Disaster Plans for Hospitals: A Public Health Approach to Help Implementation

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Introduction: Hospitals face major management constraints every day. The anticipation for a health crisis is far from their primary concern. Related national and state laws are vague and in Lausanne's 11 regional hospitals with emergency centers (2,014 acute care beds for 670,000 inhabitants) all have disaster plans. In general, they all are different and have incomplete contents.
Methods: The Public Health Department initiated an approach while preparing for a potential crisis (2008 European soccer championship) to help hospitals update and upgrade disaster plans.
Results: After a thorough literature review, a set of standards was developed, covering various topics (preparation, alarm, mass casualty, extension, deactivation, assessment, special risks, and internal risks), with an implementation guide for hospitals. Every hospital accepted and followed the proposed process and updated their plans within a four-month period. An exercise to mobilize the alarm process and managers was performed to test parts of the recently implemented plans. Strengths, such as a multidisciplinary approach with global acceptance of the process, and weaknesses, such as special/internal risks, exercise preparedness, and assessment, have been identified.
Conclusions: A process initiated by public health officials ahead of a potential crisis allowed a global acceptance of updating hospital disaster plan. Follow-up on this process will be crucial so that this constructive work will survive with the creation of a joint committee to maintain a dynamic process (local adaptations, regular updating, and organizations of exercises).
Keywords: disaster; hospitals; preparedness; potential crisis; public health
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Poster Presentations—Public Health

(Q85) Comparison of the Effects of a Nutritional Program on Quality of Life of Hemodialysis Patients

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Introduction: Patients on maintenance hemodialysis (MHD) experience decreased quality of life (QoL) and significantly greater rates of malnutrition, inflammation, hospitalization, and mortality compared with the normal population. The dietary approach in the different phases of chronic renal failure is one of the most important, and yet controversial, topics in the history of nephrology, when dialysis facilities were not yet easily available. Malnutrition has been cited as a possible contributing factor toward a poor prognosis in patients, and any suggestion of worse nutrition must be explored further. Nurses' role in patient education on a proper diet is essential. While much progress has been made in recognizing the link between malnutrition, different diseases, and increased mortality, no consensus yet has been reached concerning the best assessment and management of nutritional status in dialysis patients with many physical and psychological complications in Iran.
Methods: Seventy patients in the educational hospitals in Urmia were assigned into two groups and requested to fill in the validated with the QoL questionnaire.
Results: The results will be presented at the Congress.
Keywords: complications; hemodialysis; nutrition; quality of life
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