Le Esperienze Internazionali nelle Maxiemergenze

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IX congresso nazionale
SIMEU
TORINO 6-8 NOVEMBRE 2014

Esperienze Internazionali nelle Maxiemergenze

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TRE PILASTRI

ee di indirizzo relative all’invio di personale sanitario in oni internazionali

poste formative in ambito internazionale: MRMI&D

ricerca: THREATS

Esperienze Internazionali nelle Maxiemergenze

20.10.2014
113 casualties
35 dead on scene
3 head
1 chest
3 laparotomy
4 ortho emergency
10 ortho elective

Foreword

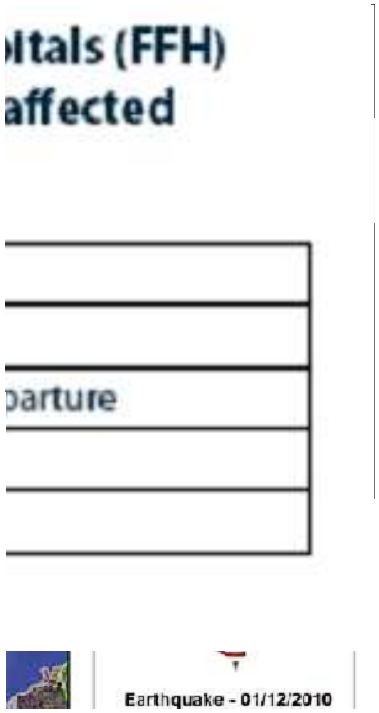
Every disaster brings new lessons of general application that we must learn before the next sudden-onset disaster strikes. The Haiti earthquake is no exception.

The 12 January 2010 earthquake could not have occurred in a more vulnerable environment than the capital of Haiti. The immediate health impact of the earthquake in absolute terms— number of dead and injured—was among the highest in recent times. When the needs are compared to the national response capacity, this disaster was truly unprecedented.

The international community responded rapidly with an outpouring of generosity. Beyond traditional global donors, relief came from Haiti's immediate neighbors, as well as from every country in Latin America and the Caribbean. Such support offered an encouraging example of solidarity in the true spirit of Pan-Americanism.

If the impact was unprecedented, the organization of the response was not. It followed the same chaotic pattern as in past disasters. Information was scarce, decisions were often not evidence-based, and overall sectoral coordination presented serious shortcomings. Management gaps noted in past crises were repeated and amplified in Haiti. The humanitarian community failed to put in practice the lessons learned.

The "proliferation of actors", to borrow an expression used in the evaluation of the tsunami, ensured a massive offer of services from competent partners. The overwhelming number of people in need of immediate assistance ensured that each minimally prepared and equipped health responder provided valuable health assistance. However, this proliferation also included a number of wholly unprepared or even incompetent health actors who bypassed the overburdened coordi-



erent FMT Classification Systems. Data compiled from references (31, 38–44) (*Continued*)

ssification		Brief Capability Overview	Capacity	Staffing
tection posal, ion rche, A, CRI, J	Advanced Medical Post (AMP)	Agile module delegate to stabilising the injured and critically ill patients, therefore its use is foreseen in disaster areas where hospitals can still accommodate patient and administer the necessary health care or where evacuation to other hospitals can be organized. Specialised medical module which treat the wounded and severely ill. This module has the following functional areas: triage, monitoring/ER, evacuation and logistics. It also has minimum diagnostics capacity with ultrasound	Medical supplies to treat 150 patients per 24 hours (50 Red/ Yellow tag and 100 Green as per the Medical Triage colour tags, START)	6 Doctors (2 surgeons, 2 emergency, 2 anaesthetist, 2 emergency medical first aid); 10 critical care nurses, 4 logisticians, 1 medical team leader and 1 deputy medical leader or nurse with proven experience and training
	Advanced Medical Post Surgery (AMP-S)	Agile module delegate to stabilising the injured and critically ill patients, therefore its use is foreseen in disaster areas where hospitals can still accommodate patient and administer the necessary health care or where evacuation to other hospitals can be organized. Specialised medical module which treat the wounded and severely ill In addition to the functional areas in the AMP module, the AMP-S has operating room and diagnosis area with ultrasound, radiography and clinical laboratory	Medical supplies to treat 150 patients per 24 hours (50 Red/ Yellow tag and 100 Green as per the Medical Triage colour tags, START)	12 doctors (6 surgeons, 4 anaesthetists, 2 emergency room), 14 nurses (10 critical care and 4 peri operative), 4 logisticians, 1 team leader, 1 deputy leader, 1 radiology technologist
	Light Field Hospital (LFH)	LFH is an agile unit that can be modulated before departure and upon arrival, depending on changing health needs. It has limited inpatient capacity and the same areas as AMP-S, as well as an intensive care area behind the operating room, that can also be used for reanimation. OBS: All 3 modules are agile to transport, which favours first medical emergency response	Medical supplies to treat 150 patients per 24 hours (50 Red/ Yellow tag and 100 Green as per the Medical Triage colour tags, START). Maximum 10 inpatient	12 doctors, 18 nurses (4 dedicated to intensive care unit), 4 logisticians, 1 team leader, 1 deputy leader, 1 radiology technologist

There is the need for training shorter and more focused on simulation

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ka Bonn (UKB), Germany
d Disaster Medicine Center (PKMC), Sweden
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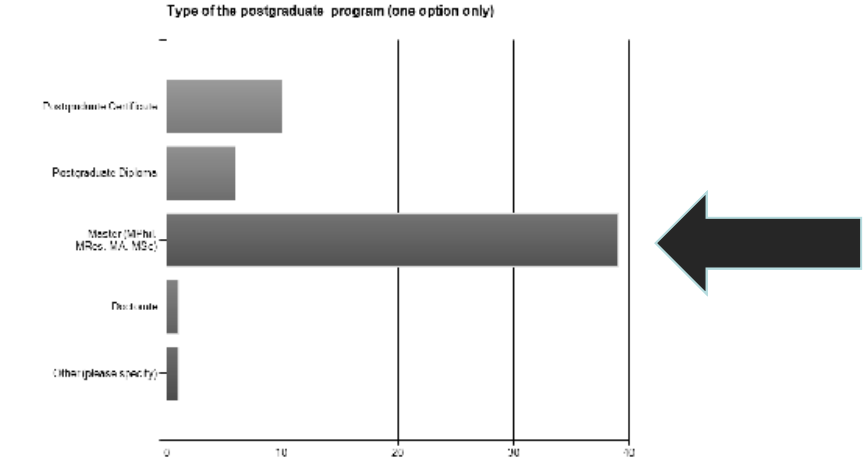

Figure 2. Type of Postgraduate Programmes

ients taken from real
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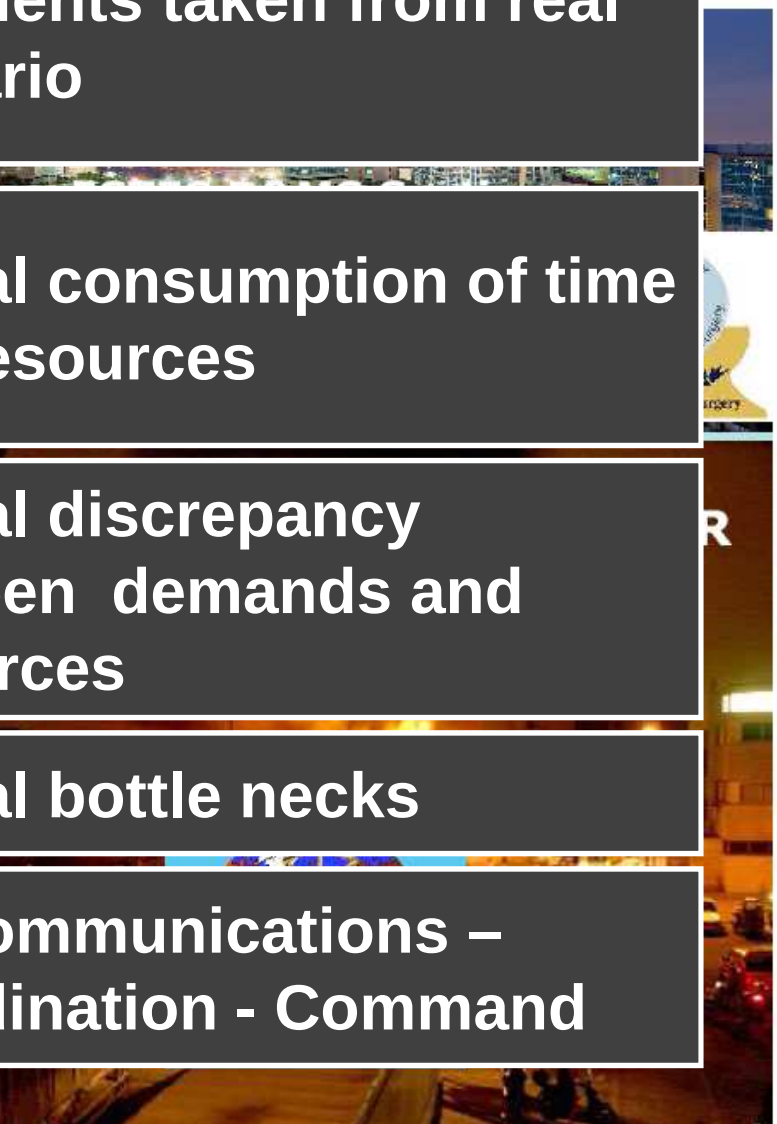

ali nelle Maxiemergenze

MRMI&D

1) 3 days

2) Little theory + 2 full days simulation

3) Simultaneus exercise of the whole chain

4) Simultaneus exercise of medical and non medical personnel


Westland
Eastland
Anyland
RIVERSIDE CITY
MOUNTAIN CITY
FARAWAY CITY
North City Airport
NORTH CITY
WEST CITY
North West Region
South East Region
Sunside Resort
MAJOR CITY
Major City Airport
FORT MAJOR ARMY BASE
Bluelight Village
EAST
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Sten Lennquist Editor
Medical Response
to Major Incidents
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All Medical Staff
Springer
RM
5 giugno
linico Agostino Gemelli
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melli

in objective:
investigate
risk and the
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European
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inst terrorist
attacks

THREATS

Terrorist attacks on Hospitals:
Risk & Emergency Assessment, Tools & Systems

CO –FUNDED BY THE PREVENTION, PREPAREDNESS AND CONSEQUENCE MANAGEMENT OF TERRORISM AND OTHER SECURITY-RELATED RISK PROGRAMME OF THE EUROPEAN UNION

esigned to protect citizens and critical
security incidents.

redness, particularly by improving the
ne time, projects address consequence
coordination of crisis management and
attacks.

ities

24 months

Esperienze Internazionali nelle Maxiemergenze

IS IS A CRITICAL FRASTRUCTURE

IS IS A POSSIBLE TARGET

ed or destroyed, would have a

HS IS AN EASY TARGET

Esperienze Internazionali nelle Maxiemergenze

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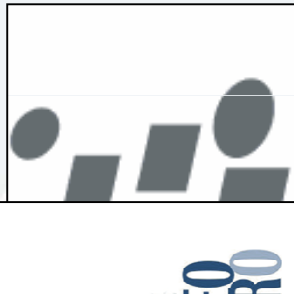
OSPEDALE
SAN RAFFAELE

THREATS

Terrorist attacks on Hospitals:
Risk & Emergency Assessment, Tools & Systems

Hanov
Associates



INSA
LYON

CRIMEDIM

AMEDEO AVOGADRO
università degli studi del piemonte orientale


Es
DICAI
SPONS
JOR
CIDENT
ASTERS
IRM
15 giuanc
AMB
ELLI
one partecipanti
ne simulazione 1
e 1 (+ pranzo al sacco)

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Grazie.

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