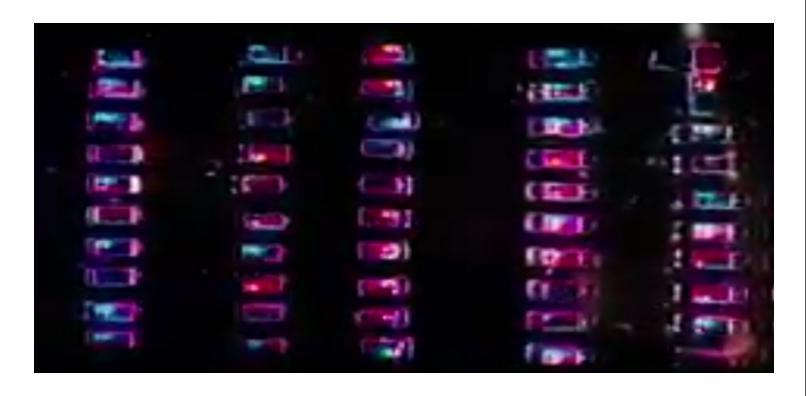
EMS & Disaster Medicine

Dr. Anas Khan





EMS





DMx

• Standards

Challenges

Toolkits

Considerations





Standards

- Definitions: Emergency, Disaster, Crisis, Surge
- Types: Internal vs. External Man-made vs. Natural
- Levels: 1-5
- Codes & levels of activation
- SoC



Potential Injury Creating Event

• Potential for additional casualties: Static / Dynamic

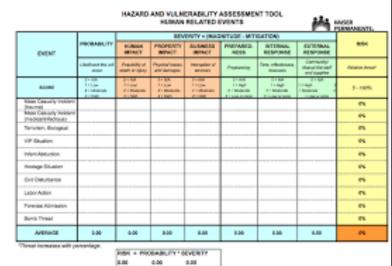
Local resources: Controlled / Disruptive / Paralytic (destructive)

• Geographic involvement: Local / Regional / National / International



Prepare the Organization

- Mitigation plans
- Develop, implement and evaluate an all hazard response plan
- Align with those of partner organizations
- Regularly educate, train & test
- Emergency operations plan (EOP)
- "All Hazards" approach

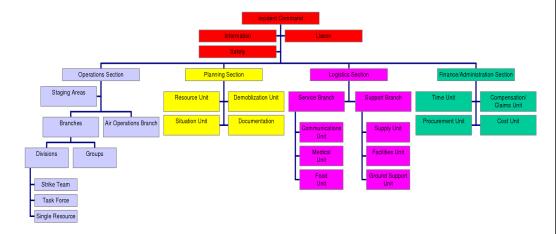




Prepare the Organization

- Emergency management system
- Communication & information plan
- Business continuity plan for critical ops
- Provide debriefing opportunities
- JAC
- Redundancy

INCIDENT COMMAND ORGANIZATION CHART





Scene Planning

- Containment
- SAR
- Triage
- Decon
- On scene treatment

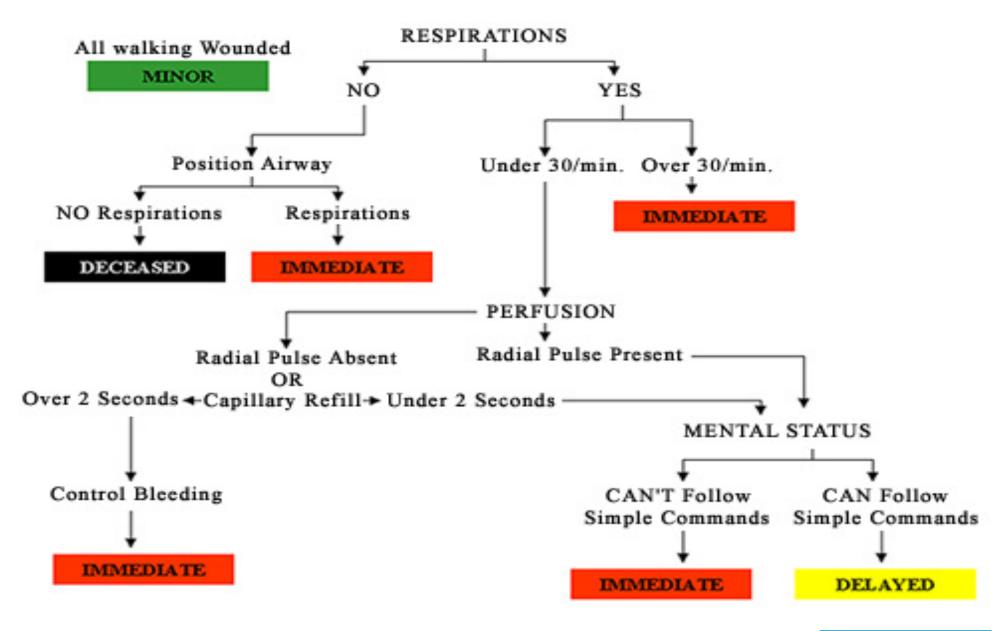
- Transportation
- Re-triage & re-assessment
- Volunteers
- Agencies coordination
- DMAT
- SNS
- Evacuation



Response

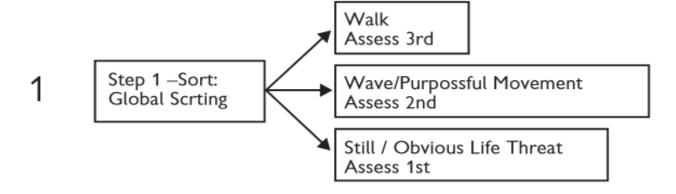
- Situational analysis
- Alerting the public and activating the community EOP
- Providing emergency medical care
- Safety and security
- Evacuation and providing emergency shelters
- Suspending non-essential operations as needed to support disaster response efforts











SALT

Step 2 –Assess: Individual Assessment • Obeys Commands-Minor Yes purposeful movement? Yes▶ MINIMAL → Breating Injures LSI*: · Has peripheral Pulse? Yes Only? · Not in respiratory distress? · Control major hemorrhage Major hemorrhage is controlled? · Open airway (if child ŮNO LNO consider 2 rescue breaths) Any NO DELAYED Chest decompression **DEAD** Auto injector antidotes Likely to survive given Yes ► IMMEDIATE curent resources _ NO **EXPECTANT**



Communication

- Post-disaster evaluation:
 - Debriefing
 - LL & Recommendations

- Psychological trauma:
 - Even in limited-duration events, the resulting psychological effects may last for long periods and may require ongoing evaluation and treatment



Experience

- Majority are expected to arrive at the closest HCF in 90 min
- Diversion or transfer of casualties will be limited
- Prevention casualty entry into the facility ?!
- In most disasters, the number of staff is in excess of what is needed
- However, less likely because they are unable or unwilling to report



Challenges

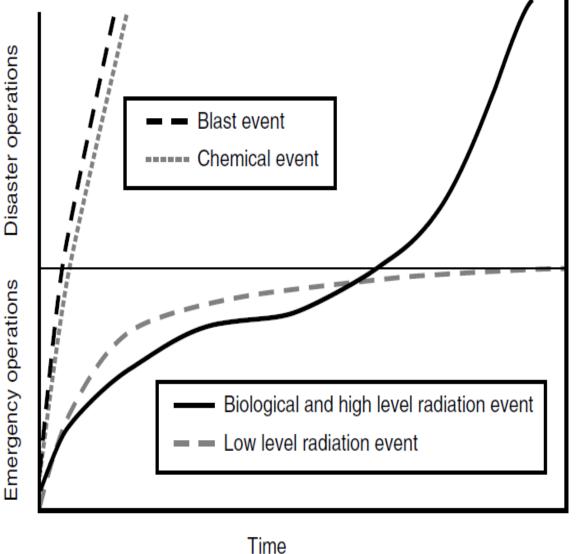
- Coordination activities
- HR, Logistics and finance
- Evacuation, decontamination and security
- Inter-organization and communication
- Reactive approach
- Paper plans syndrome
- Ethical Dilemmas, allocation of scarce resources
- Hoarding, ASR





Models

- Hospital Surge Model
- FluSurge
- Mass Evacuation Transportation
- The Seamless Emergency Medical **Logistics Expansion System**
- MedCon





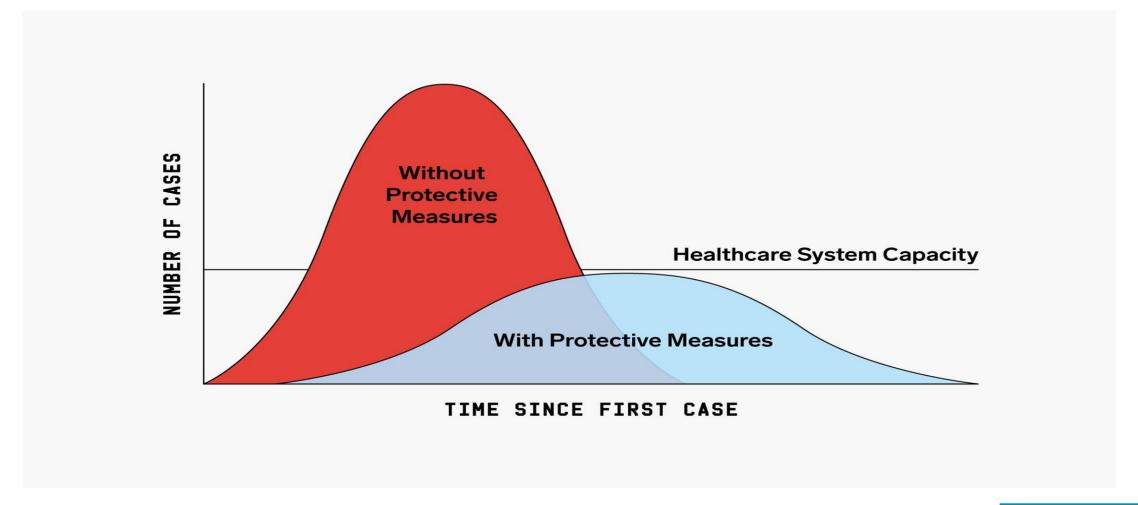
Surge Capacity

- ✓ Staff
- √ Stuff
- ✓ Space✓ System

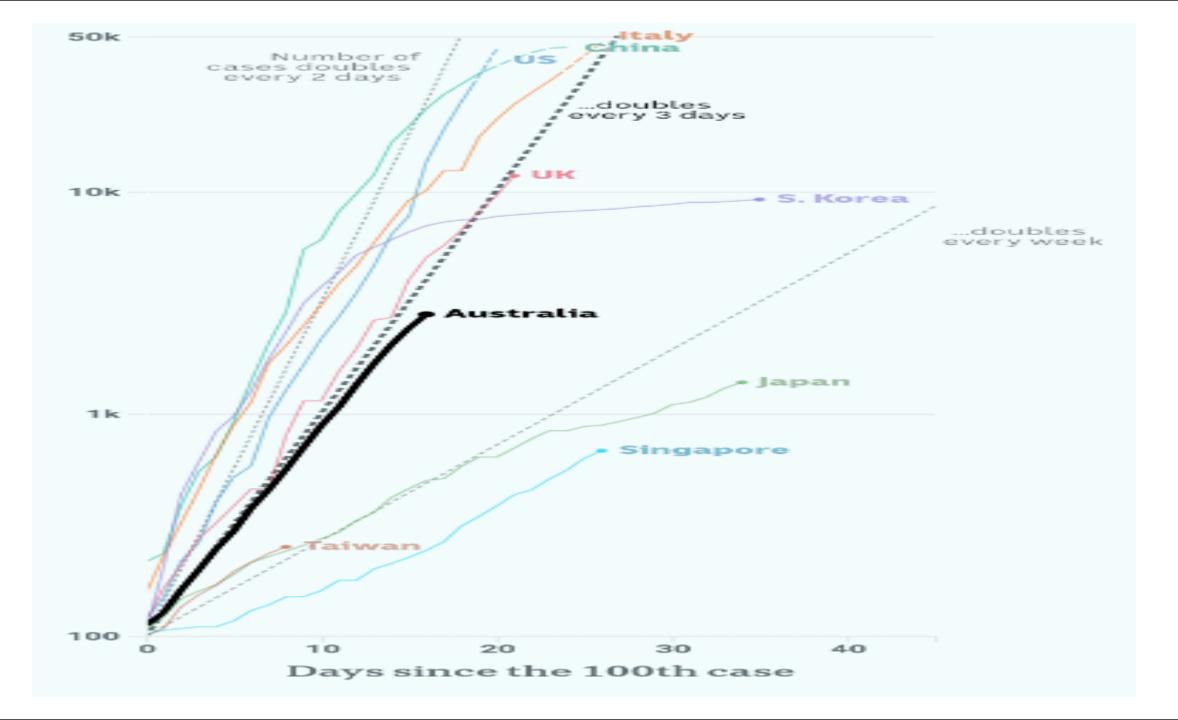




Flatten the Curve







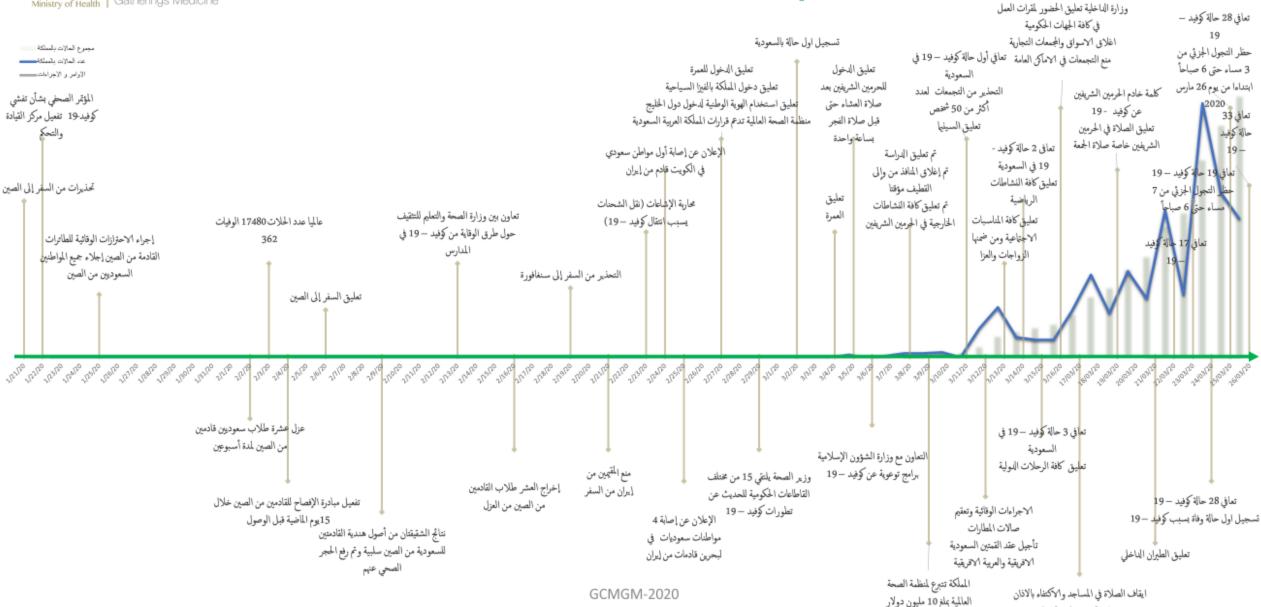


الاجراءات التي تم اخذها للوقاية و الحد من انتشار فيروس COVID-19

تعافي 6 حالات كوفيد – 19

وزارة الشؤون الاسلامية

للعمل على مكافحة كوفيد - 19



Q & A

