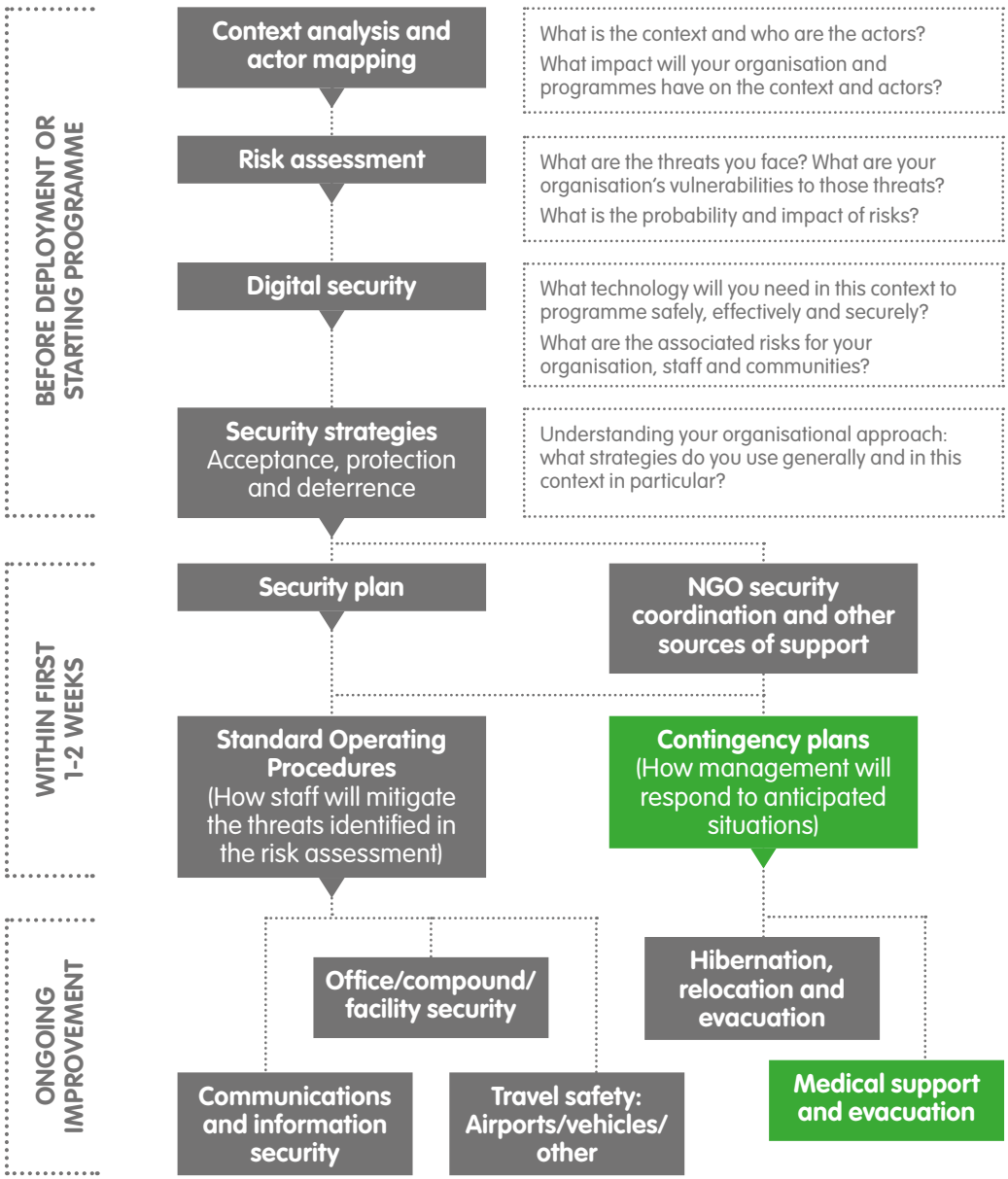
12 Medical support and evacuation



Medical risk and needs assessment

When organisations deploy to a new country, or region within a country, it is important to assess what health risks – both physical and mental, including stress – staff may face. This medical threat or hazard assessment will inform your preparations. Beyond universal medical conditions, medical threats could be grouped in the following types:

- Ballistic trauma
- Sexual violence
- Road traffic accidents
- Disease (endemic and epidemic)
- Hygiene
- Psycho-social
- Environmental (wildlife, heat, altitude)
- Chemical, biological, radiological, nuclear

It is equally important to assess the medical assistance available and its capacity to respond – including the infrastructure – as well as considering insurance and gender-specific issues that may arise.

Medical assistance and capacity to respond

- What level of services are available? (e.g. emergency, surgery or palliative care?)
- Are drugs available? Do patients need their own needles, syringes or antibiotics?
- Are medical facilities capable of dealing with common serious ailments such as heart attack, other organ failure, or similar medical emergencies?
- Are there medical NGOs in the area? What medical services are they able and/or willing to provide to your staff?
- Are there ambulances? Are they reliable? Can they reach remote locations?
- If no ambulance service is available in your area of operations, or it is unreliable, how will injured staff be evacuated?
- If you have to consider self-evacuations it is strongly advised to train staff on how to do this safely.

Infrastructure

If air evacuation in-country is an option, establish a relationship early and understand the requirements of the service:

- How do you give locations for medevac requests (using GPS latitude and longitude, MPRS, other?)
- Are there pre-registered evacuation locations in the area already?
- What type of aircraft does the service use and does it need paved/dirt airstrip or clear ground (an area of what size?) for a helicopter?
- How do you stabilise/secure casualties for evacuation?
- How do you communicate with aircraft?
- How do you record/secure identity documents and treatment information for casualty?
- Where will a casualty normally be taken?

Insurance

Organisations will normally have medical insurance. This may be a standard policy for national staff and possibly include medical evacuations for international staff. It is important that all staff are fully briefed on these policies prior to deployment and know their policy number and contact details of the insurer. Some organisations require consultants to provide their own health insurance.

Ensure administrative staff in-country are aware of insurance provider arrangements and cover for all staff – including consultants, secondments and volunteers – particularly if international staff and/or visitors from headquarters have different medical insurance providers.

Maintain records of the insurance policies in case of emergency and establish a system in place for sharing the specific information with in-country staff, e.g RED form. If the insurance provider has pre-approved specific hospitals and/or doctors, it is advisable to visit these locations and establish a relationship and communications channels locally. It is important to understand the procedures for admittance into the approved hospital – just because the hospital is approved by the insurance company, it does not mean staff will automatically be admitted.

Following a bomb blast (…) a number of foreigners from two different agencies were injured. All staff members were taken to the same initial triage location and had the same medical insurance provider. One agency had pre-visited the hospital administration and had developed a relationship; its staff members were admitted into the hospital within approximately one hour. The other agency followed the procedures as identified by the medical insurer, and it took over three hours to get its staff admitted into the same hospital.

Some other points to consider are:

- Does the medical insurance approve hospitals and/or doctors for the area?
- Are there any restrictions in the coverage (e.g. communicable diseases)?
- Are all staff covered under the same policy (national, international, secondments, consultants and volunteers)?
- Are there restrictions on types of medical evacuation the insurance can undertake? Where are these available in relation to the risks faced? For example if they require a particular type of runway for air evacuations.
- Does the insurance provider have specific evacuation points within the country? Where are they and how will the staff get to these points?
- Are stress injuries covered?
- Is counselling available for those who have suffered any form of mental/psychological trauma?

Gender-specific considerations

- Are there cultural restrictions on who can provide first aid, based on gender, either amongst your staff or within the local population?
- Are there gynaecological and obstetric services? Are contraceptives available?
- Is pregnancy considered a high-risk condition in the host country?
- Are post-exposure prophylactics available?

Pre-deployment preparations

Once a medical risk assessment has been conducted and taking into account the above mentioned considerations, typical pre-deployment preparations and checks might include:

- Medical briefs, screenings (including mental health), checks, and vaccinations.
- Personal medical information (e.g. baseline vital signs, blood type, conditions, medications, GP contact).
- Personal medical supplies and first aid kits (date, sufficiency, and whether supplies can be imported into the host country).
- Equipment or supplies available and procured in-country.
- Required training (including refresher) for first aid or more advanced medical skills.

Medical contingency plans are easy on paper, but can often fall apart, only adding to the stress of an incident and worsening its outcome. The assumptions we make about logistics can be unrealistic, the plans can be inadequate, information becomes outdated. Invest your energy as soon as you can in medical contingency planning, before you leave and when you arrive, and test and update plans regularly, so that medical incidents do not become crises.

Team leaders should also specifically discuss with points of contact within the NGO the support, processes, and requirements the organisation has or offers. This might include:

- Crisis management plan and contingency plans for medical emergencies.
- Insurance coverage details (who is covered, what is covered, what the response is and its limitations, where the gaps are, what information is required and when, contact details).
- Previous organisational experiences of handling medical incidents.
- 'Clinical governance' (who is authorised to treat whom, to what level, including medications).

When deploying as a team, designate one member to be responsible for undertaking a more detailed medical risk assessment. For individuals deploying, identify the local contact point for medical support and get a full briefing. This should include:

- Who is trained, equipped, and available to provide first aid for all staff at all times?
- Who can provide in-field care to stabilise critical casualties and where are they located/how are they contacted?
- Who can appropriately transport casualties for emergency care, where and how?
- Who is overall responsible for controlling and coordinating at the country level (organisation, insurance provider, other)?
- Who will communicate what, to whom, when, and how?
- What information is required by insurance medical providers? By whom and for what purpose? For example, is a doctor's report required to initiate a medical evacuation?
- Does the United Nations or others, for example the ICRC, have the logistics capacity to carry out medical evacuations within the country? Is this service available to NGOs, and if so, how is it accessed?