Hospital Preparedness in Facing the COVID-19 Pandemic Based on the Command System: A Study in Jakarta and Yogyakarta, Indonesia

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Introduction: Hospitals have had Hospital Disaster Plans (HDP), however, when the COVID-19 pandemic attacked, several hospitals neglected the HDP. They seem to find it difficult to operationalize HDP. The hospital's problems were also increasingly complex because they must also think about how to break the internal transmission chain and how to deal with the surge in COVID-19 patients besides building a clear incident command system (ICS). This study aimed to carry out documentation and analyze hospital preparedness in dealing with COVID-19 based on the ICS.
Method: This study was documentation research using a qualitative approach. All hospital preparations in "high case" areas in Jakarta and Yogyakarta from April to June 2020 were documented, followed by interviews and document observations. Furthermore, data were analyzed according to the ICS management functions; commander, secretary, operational, logistics, planning, and financial administration.
Results: Since the COVID-19 pandemic, hospitals had developed a separate COVID-19 handling system from the existing HDP documents. The analysis showed the division of tasks and functions of each field in the COVID-19 Task Force already existed, but it had not been described in detail. The communication and procedure flow within the internal and external COVID-19 task force were generally only verbal. In conclusion, related to the readiness to face the surge in COVID-19 patients, the hospitals have not made any plans or supervision for handling COVID-19.
Conclusion: Hospital preparedness in the face of the COVID-19 pandemic based on the Command System has not been maximized. The existing HDP only includes planning for natural disaster management. Furthermore, every health facility established the COVID-19 Task Force. However, the principle of division of tasks, communication, and planning flow in the Task Force still needs to be improved.

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International EMT-Operational Plan–ODESA Escalation

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Introduction: Since February 24, 2022, at the time of writing this plan, approximately 400,000+ refugees had entered Moldova and 282,842 had exited Moldova. EMTCC will need to coordinate international medical teams assisting with the increasing refugee numbers crossing into Moldova from southern Ukraine for the MOH and international EMT's in support of trauma management in Palanca and related borders and referral to health care facilities within Moldova.
Method: This EMTCC operational plan sets objectives and explores trigger points that require actions in the context of International EMT's, two service levels were trauma triage/stabilization and primary health care.
Results: Odesa was a city located approximately 60 kilometers from the Moldova border crossing of Palanca. Trauma patients reaching the Palanca border would need to be identified in vehicular columns by roving triage teams (EMT 1 M) and expedited through the border. Survivability of severe trauma patients proceeding through the border crossing and expected to transit through to tertiary level care would be low without the intervention of trauma stabilization teams (damage control). The initial positioning of at least 2 trauma stabilization points would require the support, skills, logistics and self sustainability of classified EMT's or similar. These would also need the additional support of specialized trauma/surgical cells at both Stefan Voda and Causeni Hospitals.
Conclusion: Odessa escalation should have been the worst scenario, but we were able to work with MOH in Moldova to develop a plan to save more lives for trauma patients reaching the Palanca border.

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Resolving the Gap: National Pediatric Disaster Coalition

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Introduction: Children younger than 18 years constitute approximately 25% of the US population. During disasters, they are the most vulnerable population and have age-specific vulnerabilities that heighten their risks and magnify their unique needs. These include physiological vulnerability to pathogens, toxins, radioactive isotopes, and harsh conditions. Increased skin permeability, faster metabolism, more active cell division, higher respiratory rate, and higher surface area–to–mass ratio all contribute to greater susceptibility to physical threats. Behavioral/Developmental differences such as more hand-to-mouth contact, under-developed sense of self-preservation, more time spent outdoors, difficulty communicating symptoms and increased vulnerabilities. Children in disasters may develop mental health problems, including acute and post-traumatic stress disorder, and depression. Some children with disabilities are dependent on medical technology.
Method: A US national conference in 2015 determined that significant gaps in pediatric disaster preparedness include transport, space, staffing, equipment, supplies, and training capabilities. To address these gaps the National Pediatric Disaster