Abstracts of Scientific Papers-WADEM Congress on Disaster and Emergency Medicine 2017

When Rescue Needs To Be Rescued: A Case Review of the Rollover of a Critical Care Ambulance with Patient on Board

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Study/Objective: This past October, when evacuating critically ill patients in preparation for an impending serious hurricane, a critical care ambulance was transporting an extremely sick and intubated patient about 75 miles to another tertiary center, when it was involved in a severe accident involving an ambulance rollover, prolonged extrication of multiple patients including the original patient on multiple infusions and medications. The case study will discuss the events during and after this rescue, as well as lessons learned regarding when a medically intensive care patient becomes part of a technical rescue.
Background: According to the National Highway Traffic Safety Administration (NHTSA), there was an annual mean of 4,500 vehicle crashes involving ambulances, over a 20 year span. Of these, over 35% of them involved injuries or fatalities. Sick and injured patients in the ambulance and a more severe mechanism, increase the likelihood of a negative outcome or outcomes.
Methods: On the eve of when a major hurricane was supposed to make landfall, reports went out that a critical care ambulance with an intubated and ventilated patient on board was involved in a major accident in the far, rural edge of Alachua County. Multiple agencies, including multiple fire and rescue units from two county fire agencies, as well as an EMS physician responded to the call with reports of prolonged extrication needs of severely entrapped patients, and possibly at least one deceased. The combined efforts and skills ultimately rescued a paramedic, an EMT-basic, two severely entrapped patients, and an intubated patient still in the upside down ambulance on multiple unknown infusions.
Results: In the end there were no fatalities, a few critical patients, and overall great outcomes with respect to the traumatic event.
Conclusion: Reviewing calls like this, help prehospital providers prepare and provide the best possible care for the best outcomes.

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Learnings from the National Medical Rescue Teams, Olympic Games

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Study/Objective: We want to mention about the preparedness of Turkey, for disasters via the National Medical Rescue Teams' simulation programs.
Background: National Medical Rescue Teams (UMKE) were founded in 2004 after the Marmara Earthquake of Turkey, by the Ministry of Health of Turkey. The organization of UMKE, (this foundation) provides medical rescue efforts, sanitation and psychological support. With permission of the Ministry of Health of Turkey, UMKE took a main role in the Haiti and Pakistan Earthquakes.
Methods: At the beginning of October we took a simulation program, with all twenty six National Medical Rescue Teams in the Antalya disaster simulation center. In this Olympic game, we got ten racetracks. In these tracks, institutional structuring of UMKE, disaster triage codes, field management in multi-trauma, burned patient management, field management of crush syndrome, immobilization procedures of broken bones, camping exercise, rescue from collapsed building, transporting rules and installation of field hospital took place.
Results: At the end of this game, we received feedback on our mistakes. Especially, we realized that we gave wrong commands about the stabilization of multi-trauma patients, security of disaster fields, burned patient infusion materials, hypothermia management of victims, and team cooperation according to situations. At the end of this organization we had a chance to recognize new medical rescue teams. According to our national disaster risks like earthquake, flood, forest fires and landslides, we have to possess coordination and stand-by medical rescue teams.
Conclusion: In this simulation program, we realized that our medical rescue teams had good coordination with those five (people) groups. Simulation programs like these, make us ready for disaster and correct our mistakes. With disaster organizations we can have good communication with neighborhood cities and rescue teams, that help enable us to minimize local disaster damages.

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Comparison of Efficacy in Dispatch-Directed CPR (DCPR) for Out-of-Hospital Cardiac Arrest, Depending on Professional Levels of Dispatchers in Multiple Centers in Israel

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Study/Objective: We sought to determine the efficacy of CPR directions, depending on the level of training of the dispatcher (EMT vs Paramedic) and years of experience as a dispatcher.