

Background: Procedures applied by Polish military surgical teams during foreign missions conducted from 2008 to 2013 (total number of trauma patients –1,327), specifically in terms of treating locals, and the operations of the Urban SAR Groups of the Polish State Fire Service during earthquake-related rescue missions from 1999 to 2014, were assessed.

Methods: Medical procedures applied by the Polish military surgical teams and the Urban SAR Groups were analyzed, specifically in terms of using their experience to improve the efficiency of medical treatment of disaster victims.

Results: The operations of the level-2 surgical teams in Afghanistan have greatly advanced knowledge of dealing with trauma victims with limited personnel and restricted transport resources. The challenges involved in treating local patients always include limited options of long-term observation, and treatment which necessitates modification of treatment methods. Based on the experience of the Urban SAR groups acquired during post-earthquake rescue efforts, there is significant need for more extensive medical aid, specifically in cases of dealing with damage to the extremities, wound treatment and the “crash syndrome”. Experience of and procedures followed by the level-2 surgical teams in the course of damage control surgery and damage control orthopaedics, may be directly applicable to treating disaster victims, and also if there is no continued observation of victims.

Conclusion: Damage control surgery procedures may be applied to treatment of disaster victims. However, methods and standards of treatment must be carefully tailored to the inability to provide long-term care and patients relying on local health-care services for continued treatment. That is specifically important in case of orthopedic trauma treatment procedures.

Prehosp Disaster Med 2017;32(Suppl. 1):s123–s124

doi:10.1017/S1049023X17003508

Emergency Teams in Cascading Disasters

Patrizia I. Duda¹, Eran Oren²

1. Institute For Risk and Disaster Reduction, University College London (UCL), London/United Kingdom
2. Weizmann Institute of Science, Rehovot/Israel

Study/Objective: To analyze the role of non-medical disaster response teams in cascading disasters, and their fit within wider Disaster Risk Reduction and Response (DRR&R) efforts.

Background: The field of disaster studies has recently seen a focus on so-called “cascading disasters.” What is meant is disasters with cascading effects across functional and national boundaries, leading to secondary disasters of a similar or larger magnitude than the initial event (Pescaroli and Alexander, 2015). The notion of cascades points our focus to an important question within current disaster response: Are we sending the right people? Put differently, is the composition of our disaster response teams fit for DRR&R in cascading disasters? In this regard, the role and potential of non-medical personnel to prevent, stop, and respond to cascading disasters has received little attention. Yet, considering how cascading disasters spread across critical infrastructures, such as electrical, transportation, or sewerage systems, clearly the focus on sending predominantly medical teams to disaster zones is insufficient.

Methods: This study is conducted in three steps: 1. An extensive literature review. 2. 20 in-depth, semi-structured interviews with: a) non-medical key personnel in areas such as construction, municipal planning, and the electrical grid to understand their perceptions of their role and abilities within DRR&R in cascading disasters. and b) key personnel from international DRR&R teams to understand their perceptions of the role of non-medical personal in cascading disasters.

Results: The insights of the literature review and interviews will be analyzed and consolidated into meaningful conclusions and actionable recommendations.

Conclusion: The research aims to suggest improved compositions of response teams that may prevent deterioration in disasters scenarios rather than focusing on the initial disaster situation alone. Final conclusions will be presented at the 2017 WADEM conference in Toronto.

Prehosp Disaster Med 2017;32(Suppl. 1):s124

doi:10.1017/S1049023X1700351X

Medical Response to the 2016 Fort McMurray Wildfires - Descriptive Epidemiology of Patients Presenting to a Field Hospital

Dirk Chisholm, Joshua Bezanson, Kevin Hanrahan, Gwynn Curran-Sills

Medical, Canada Task Force 2, Calgary/AB/Canada

Study/Objective: To describe the epidemiology of patient presentation to a physician, nurse, and paramedic staffed field hospital during the 2016 Fort McMurray Wildfires (FMMW).

Background: The FMMW was the most economically devastating natural disaster in Canadian history, resulting in the evacuation of over 80,000 citizens, burning of over 1,600 structures, with a cost of over \$9 billion CDN. Canada Task Force 2 (CAN-TF2) is Alberta’s all-hazards disaster response team, which includes Heavy Urban Search and Rescue (HUSAR) and Disaster Medical Assistance Team (DMAT) capabilities. As part of CAN-TF2’s deployment, a field hospital was established to support the incident as a result of the evacuation of local healthcare facilities.

Methods: A retrospective chart review was conducted of all Patient Care Reports from the field hospital to determine chief complaint, organized by Canadian Emergency Department Information System (EDIS) Presenting Complaint List. Disposition and patient demographics were also recorded.

Results: A total of 162 patients were seen over a 14-day period. Medical force protection accounted for 32/162 (20%) of patient presentations, with the remainder being patients external to CANTF. Evacuation to higher levels of care was required for 23/162 (14%) patients. Table 1 describes presenting complaints. The leading presenting complaint was prescription / medication request (n = 47), followed by foreign body eye injury (n = 14), GI complaints (n = 11 and n = 9), and foot care (n = 9).

Conclusion: The majority of patients presented with primary care complaints. While CAN-TF2’s primary mission was to provide medical force protection, most of the patients treated were external to the agency. Of the incident responders who