

A Contingent Approach Towards Health Emergency Management in a Third World Country

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The Philippines, recently classified by a Belgian study as the country that experiences the most disasters in the world, continues to struggle with this environment. It also, however, provides a milieu for studies on human survival amidst the face of adversity.

A collateral development in social services, specifically in the delivery of health emergency management, that is in comparison, a well-placed service in most developed countries, is just in its infancy in this tiny, developing nation. Prehospital services to this date, have not been legislated.

In the mountainous north region of the country is the City of Baguio, nestled along numerous indigenous communities. Now considered highly urbanized, it boasts that it is a center for tourism and education.

Working from a recent government code that devolved functionalities to local governance, the city, through efforts of a group of foresighted nurses, developed a workable prehospital medical service. Creating the Baguio City Emergency Medical Service (BCEMS).

Working around the non-legislation for prehospital services and the EMT profession, the group brought forth a corps of volunteer, professional nurses. This averted any legal problems arising from the practice of a non-legally existing profession. To date, there is a total of 292 nurses who have volunteered to provide these services.

Challenges came one after the other. Among others, budgetary constraint was persistent, and sustenance of the program was threatened continually. The search for contingent approaches to sustain the human resource had high priority. Subsequently, the development of a Specialty Residency Training Program in Trauma Nursing and Disaster Management evolved. This 2-year, specialty course eventually was accredited by the Continuing Professional Education Council for Nursing. The program is based on different curricula including the one developed by the International Society for Disaster Medicine. In effect, the career development prospect ensured the personnel needs, and thereby provided for a service totally non-existent beforehand.

Now on the third year of operation, this presentation highlights the different challenges that made the BCEMS what it is today. This model also may serve as a model for other third world countries struggling to set-up and enhance its health emergency management services.

Keywords: Baguio; emergency medical management; emergency medical services; legislation; nurses; Philippines; residency; training

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Theme 6. Multidisciplinary Team Interaction: Issues & Possible Solutions

Chairs: *Dr. Felipe Cruz-Vega & Dr. Charles Sun*

The Standardization of Interdisciplinary Team for Mass Casualty Management — The Caribbean Experience

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The Caribbean consists of more than 23 countries, most of them, islands. The total population numbers more than 7 million people with only two countries having more than one million and nine countries having less than 100,000 inhabitants. The countries are prone to the usual natural disasters: hurricanes, volcanoes, floods, earthquakes, and tsunamis; as well as man-made disasters.

The majority of these countries have a health service, which is just about adequate to manage the day-to-day activities. The Emergency Medical Services in some areas, consists of a few ambulances with attendants either untrained or trained to the level of EMT basic. The Emergency rooms are staffed mostly by untrained doctors and only have the capacity to treat a small number of patients at a time.

Because of these limitations, the concept of the Golden Hour seemed unattainable with a relatively large number of victims. The Pan-American Health Organization, in 1993, devised a plan to establish a system to treat the victims at the scene in the shortest possible period. This required training not only the medical personnel, but all emergency responding agencies: police, fire, NGOs, and in some areas, the National army.

Keywords: Caribbean; disasters; hospitals; earthquakes; emergency rooms; floods; hurricanes; inter-disciplinary; management; mass casualties; PAHO; prehospital; standardization; teams; training; tsunamis; volcanoes