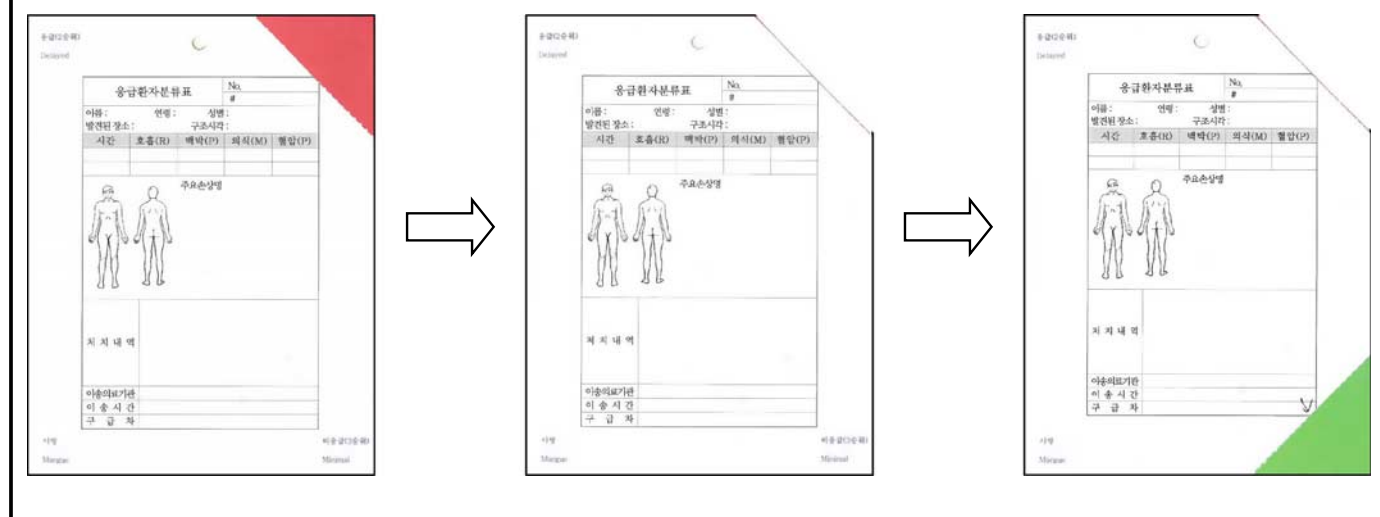


FIGURE 2

Change in Triage Result.



Paper triage tags can be considered old-fashioned in a certain way, especially when compared with wireless electronic devices. However, we believe that paper tags are still the first choice in disaster drill or education, with the advantage of a low initial cost. We hope that improvement in the design of paper triage tags will contribute to improving the operational capacity of students or trainees.

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Caring for Cancer Patients After the Italian Earthquakes: A Proposal From the Field

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The recent earthquake that shook Central Italy confirmed once again the country's vulnerability. These events have serious consequences on the lives of cancer patients and on the organization of health care

assistance. After the earthquake in Central Italy, as well as after the ones in L'Aquila and Emilia Romagna, nearby hospitals were declared unfit. Thus, patients were deprived of their reference health center. In addition, patients were

condemned to live in emergency tents or to move to other cities, and health care management at home was even more complex.

According to Burkle,¹ all large-scale disasters due to natural hazards require a shift from individual-based care to population-based care, the latter providing estimates of the number of cancer patients potentially displaced, the type of cancer, and the management required. However, as reported by Joseph et al,² concurrent with the coordination of care on an individual level, public health and professional organizations can develop a database to track the location and capacity of cancer-related providers and facilities that can accept displaced patients.

After the L'Aquila earthquake in 2009, we had to improvise all operational decisions, as there was no other specific experience in the literature to consult for advice.³ Indeed, we consider that it is high time to open a discussion, keeping in mind that each event has its own specific set of critical characteristics. The Hospital "HUB" of L'Aquila, which served a population of over 100,000 inhabitants and was located too far away from other regional hospitals, was immediately declared unfit for use. In Emilia Romagna and Central Italy, the quake struck smaller hospitals, located not far away from other health care centers that were fully operational. Also, when dealing with cancer health care assistance, we need to consider the geographical characteristics of the area: L'Aquila and Central Italy are a mountainous stretch with remote villages. In Emilia Romagna, the quake shook urban areas that were industrialized and served by roads and highways. We believe that each event has its own characteristics and a single operational procedure cannot be efficient for any emergency. Once again, "one size does not fit all."⁴

In the case of natural disasters, it would be advisable to have predefined and undeniable objectives and act according to them, considering population and area. After the L'Aquila earthquake, the objectives that guided our choices were as follows:

- Nonabandonment,
- Continuity of care, and
- Long-term care of the quake consequences, for both hospitals and home-care assistance.

For people with cancer, natural disasters can reduce access to transport, clinics, specialists, medications, and hospitals. Experiences from Hurricane Katrina suggest that this often results in reduction in access to cancer treatment management and care, including home-care assistance. An earlier review of 48 published studies⁵ found that natural disasters impact the treatment management and care of people with non-communicable diseases, with exacerbation of illness, complications, or even death.⁶ In addition, Stephens et al⁷ reported a

previously unrecognized mortality excess of 47% 2 years after Hurricane Katrina, probably as a result of delayed reporting, untimely analysis, and the lack of interoperability between state and local health departments.

Remembering our experience and observing what happened in Emilia Romagna and Central Italy, we still believe that our objectives are valid and scientific societies could foster them. We favor the creation of a taskforce with oncologists, nurses, and psychologists with hands-on experience, able to promptly support colleagues working in the struck areas after the event. Immediately after the L'Aquila earthquake, it was very helpful to have the "San Marco" Marine Brigade medical assistance with us, as their experience helped us in making decisions.

Similarly, scientific societies could establish their own taskforces able to collaborate with colleagues from the struck areas.

The key concepts of our proposal are as follows:

- Clear objectives protecting patients and relatives and
- Tailored operational choices, according to the characteristics of the area and its people.

The lessons learned from the Italian earthquakes allow for better preparation for future disasters, particularly in regard to the needs of cancer patients. We hope that scientific societies quickly provide and do not abandon those colleagues who, hopefully in a very far away future, may face a natural disaster.

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Older Adults are a very vulnerable group during disasters. Scenes from Hurricane Katrina courtesy of the Department of Defense.



Barney, a narcotics dog with the Tacoma Police Department, died after inhaling methamphetamine during a drug raid. (Image credit: Tacoma, WA, Police Department)

Text Message
Mon, Nov 28, 9:55 AM

Buckeye Alert! Emergency on Columbus campus: More info soon. Shelter in place/be observant/take action as needed. Public Safety responding

Buckeye Alert text on the Ohio State University campus from November 28, 2016, at 9:55 AM.