Dilemmas in Emergency Management & Response

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Dilemmas in disaster preparedness

Provision of medical services

- Should community clinics remain open?

Provision of medical services

- Operating "unified clinics" in conflict zones, that served members of all Health Funds
- Other clinics & secondary healthcare services were opened gradually
- Evacuation of disabled to medical institutions

Provision of medical services

- Should medical services be provided in homes / shelters or only in primary care clinics?

Provision of medical services

- A combination of the two options
  - Unified clinics
  - Mobile medical teams in response to requests

Provision of medical services

- Should medical personnel be compelled by law to report to duty?
- What sanctions should be made against healthcare workers who don't report to duty?

Special State of Home Front

- Activating designated ‘Emergency Status’ in conflict zones, by governmental decree:
  - Employees are required to report to places of employment by law
  - Eliminates need to operate according to routine hours and work conditions
  - Sanctions are defined by law

The law was not found to be the optimal incentive to raise compliance

Standards of care

- Should elective surgery be stopped during emergency?
- Who should make the decision? (hospital? MOH? Other?)

Standards of Care

- Coordination of operations of all medical institutions made by the Ministry of Health
- Strategic direction of operations made by the Supreme Health Authority
- A national command & control center operated 24 hours a day to monitor needs and availability of resources
- Elective surgery continued throughout the conflict period

Triage

- Should casualties be triaged only to level I trauma centers or should all hospitals acquire trauma experience?

Triage

- Immediate casualties evacuated to level I trauma centers
- Delayed casualties referred to level II trauma centers
- Secondary relocation of casualties, following stabilization

Secondary relocation

- What should be the criteria for secondary relocation of casualties?
- Should the casualty's family requests be considered in making the decision for secondary relocation?
- Should their wishes overcome the needs of the healthcare system?

Secondary relocation

- Minimizing patient load
- Maintaining vacant beds for potential casualties
- Consideration of family requests, if possible

Ethics

- Should organ transplants be performed during emergencies?

Ethics

- Organ transplants multiplied during the conflict

Mental health services

- Should acute mental health services be provided in hospital or community level?

Mental health services

- Reinforcement of personnel from community services to hospitals to enable operation of ASR sites
- Operating ASR sites in communities:
  - Limit overload of hospitals
  - Beneficial for continuous treatment of the victims
  - Diminishes needs for evacuation resources
- Raises resilience of population in conflict zone & response to stress victims

Protection of patients and staff

- Should hospitals use non-sheltered areas - before or after full use of surge capacity of sheltered zones?

Protection of patients and staff

- Relocation of patients to sheltered areas
- Strengthen protection of medical centers' wards and vital elements
- Use of non-sheltered zones only after maximizing surge capacity
- Protect & ensure safety of workers and families

Evacuation of hospitals

- Should civilian resilience be a consideration in decision-making regarding evacuation of hospitals?

The 1st dilemma: Evacuation of hospital (2006) Mazra

- Psychiatric hospital – 385 beds
- Serves a population of ~750,000 residents
- Provides comprehensive psychiatric services from acute crisis intervention to rehabilitation
- Situated within range of missiles
- No structural protection to the infrastructure
- The civilian population in the region was not evacuated

Should the hospital be evacuated?

Elements under consideration

- Safety of patients & staff
- Consequences of transfer of patients to other facilities
- Needs & resilience of the population
- Psychological impact on the community

Continue provision of services and avoid demoralization of the community

Evacuation process

- The hospital was directly hit on July 29th
- 50 patients were evacuated on the 29th
- 170 patients along with the staff were evacuated the next morning
- As a result of precautions, no physical injuries incurred
- No other damages were caused to the infrastructure up to the end of the conflict

Characteristics of Nahariya hospital

- Acute care medical center – 627 beds
- Sheltered facilities for ~450 patients
- During Gaza incursion, missiles fired from Lebanon targeted Nahariya
- Population directed to stay "near" shelters
- Evacuation of patients from non-protected rooms to underground facility takes ~ 2 hours

Should the unprotected wards be evacuated?

MOH decision

Not to evacuate patients to underground shelters

Elements under consideration

- Social fortitude impacts on community resilience and must be considered in the decision-making
- Implementing response models should be based:
  - Ongoing evaluation of status of the healthcare system
  - Up to date information regarding risks and potential consequences to the population
  - Mechanisms to support decision-making
  - Supervision over implementation of decisions made
  - Flexibility to modify decisions, based on evolving situations

Policy of Israeli Ministry of Health

Taking into consideration the community resilience, all measures should be taken to avoid evacuation of medical institutions during emergencies

Information to the public

- Can and should we control information relayed to the public during war times (for example, regarding risk for chemical warfare, forecast of risk areas, estimated casualties)?

Information to the public

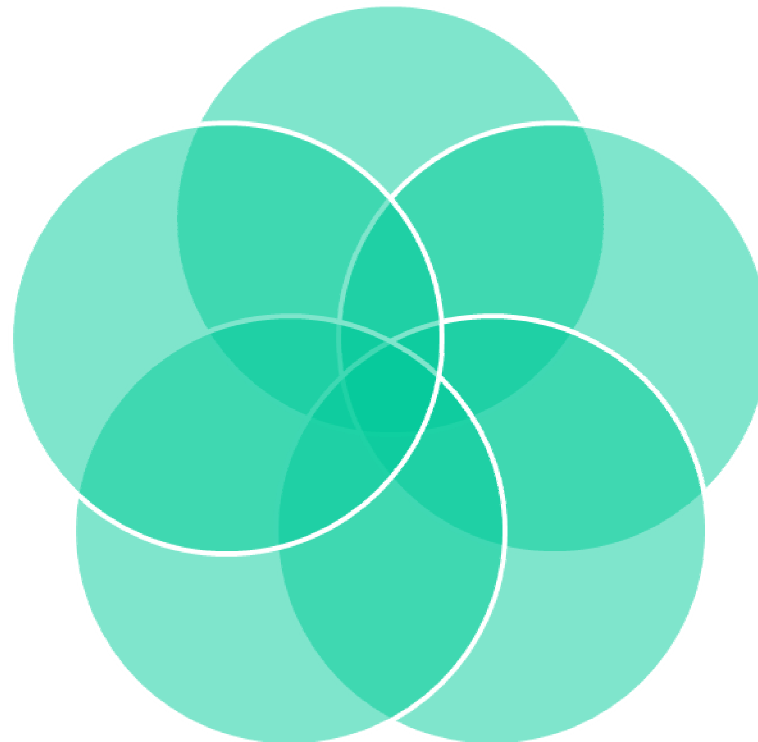
- Information regarding availability of services should be available in all information centers
- Information regarding casualties disseminated to city councils and police
- Information regarding potential threats must be disseminated by professional representatives of the medical system

Emergency Preparedness – The C Model

Comprehensive contingency planning

Capacity Building

Command of operations



Coordination & cooperation

Central control

Conclusions

Effective preparedness for emergencies necessitates:

* * Constant alert*
* * National control & coordination*
* * Continuous debriefing & learning lessons*
* * Integrative operations*
* * Preplanning*

Thank You !

Provision of medical services

- Where should medications for chronic patients be allocated?

Provision of medical services

- Supply of medications to shelters by volunteers from the local authorities
- Simplifying allocation of medications to chronic patients based on HMO database
- Allocation of prescription drugs in hospitals
- Publicizing information on available services