

Utilization of Physiotherapy in Prehospital Care During Emergency and Disaster: Improving Care and Increasing Capacity

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Introduction: Emergency medical teams (EMT) are utilized during national and international disasters to improve the response capabilities and provision of quality of care to those impacted. The inclusion of rehabilitation professionals on EMTs is slowly increasing but still has not become standard on Type I teams. The goal of rehabilitation is to optimize function and reduce disability for patients of all ages and in all treatment locations. SPHERE humanitarian standards mandate country emergency response frameworks should include rehabilitation in disaster starting at the acute phase of the incident, but services are typically not provided at the right time or the right place, if at all. After an injury, early education and intervention by rehabilitation can reduce long term injury and improve function. Rehabilitation services continue to be limited to post-acute care and available only to those who have required hospitalization or long-term rehabilitation services. There is a growing body of evidence for the use of physiotherapy in pre-hospital medical management of acute urgent and emergency injuries and within the emergency department to improve access to care, reduce imaging, reduce use of opioid use.

Method: Literature review was conducted regarding prehospital injuries and rehabilitation services using Google Scholar and University of South Florida library access services.

Results: No reports or documentation for prehospital or emergency department care during natural disasters or conflict response are available from the World Health Organization or other NGOs.

Conclusion: There is a recognition from the medical community of the value and necessity of rehabilitation services across the disaster continuum but remains an under-utilized resource for improving patient care. Conclusion: Rehabilitation should not be available to only those with the most severe long-term injury but should be included at all levels of response with integration into all EMTs.

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Integrating Management and Operations of Rapid Response Teams and Emergency Medical Teams Programs Globally

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Introduction: Health emergencies such as the COVID-19 pandemic, strain health systems and emergency response mechanisms. Identifying critical points during the response cycle where the emergency workforce and operational capacity can be improved can help break the protracted nature of responses. Global health emergency workforce, or health emergency and

alert response teams such as multidisciplinary Public Health Rapid Response Teams (RRTs) and Emergency Medical Teams (EMTs), play critical roles in response to public health emergencies.

The project aims to explore and understand how countries manage and operationalize their RRT and EMT programs. With anecdotal evidence of countries integrating the two historically disparate groups, we propose to examine how countries are jointly or separately addressing legal frameworks and policies; management practices, reporting processes and protocols, training, as well as program operations and standards.

Method: Through existing global partnerships and networks, a convenience sample of national focal points responsible for the management of their RRT and EMT program are sent an online survey followed by participating in a one-on-one interview, and descriptive and thematic analyses.

Results: Sixteen countries representing all six World Health Organization regions with both RRT and EMT programs have been selected for engagement.

Conclusion: Factors contributing to/against countries' integration of RRT and EMT programs will be identified. Areas of divergence or synergy of plans and standard operating procedures will be mapped. Recommendations for strengthening global health emergency alert and response teams will be generated.

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The Response by International Emergency Medical Teams Following the Beirut Harbor Explosion in 2020—Who Were They, When Did They Arrive, What Did They Do, and Were They Needed?

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Introduction: On August 4, 2020 a massive explosion struck the Beirut Harbor in Lebanon. Approximately 220 people were killed and over 7000 were injured, of which 12% were hospitalized. Despite being weakened by an economic crisis and increasing numbers of COVID-19 cases, the national health-care system responded promptly. Within a day, International Emergency Medical Teams (I-EMTs) started arriving. Previous studies have found that I-EMTs have arrived late and have not been adapted to the context and dominating healthcare needs. The aim of this study was to document the organization, type, activity, and timing of I-EMTs deployed to Beirut and to discuss their relevance in relation to medical needs.

Method: Data on all deployed I-EMTs were retrieved from all available sources, including internet searches, I-EMT contacts, and from the World Health Organization (WHO) EMT coordination cell (EMT CC) in Lebanon. The WHO EMT classification was used to categorize deployed teams. Information on characteristics, timing, and activities was retrieved and systematically assessed.