

methods to ensure continuity-of-care during crises were identified.

**Conclusion:** This evidence will significantly inform the technical capabilities and research priorities of organizations delivering RMNCH programming in humanitarian crises; including delivery strategies that have ensured continuity-of-care during erupting crises.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s82-s83

doi:10.1017/S1049023X17002163

### Attacks on Health Care in Emergency Settings: What is the Extent of the Problem, Based on Open Source Data from 2014 to 2015?

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**Study/Objective:** The objective of the study was to document the extent and the nature of the problem of attacks on health care workers, health care facilities and patients by consolidating and analyzing the data available from open sources.

**Background:** Attacks on health care workers and health care in emergency settings are a general problem, depriving people from the health care services they badly need. General perception is that the frequency of attacks on health care workers is increasing.

**Methods:** Review of data from open sources on individual attacks on health care, that reportedly took place in countries with emergencies from January 2014 to December 2015.

**Results:** Over the two-year period, we found reports of 594 attacks on health care that resulted in 959 deaths and 1,561 injuries in 19 countries with emergencies. Sixty-three percent of the attacks were against health care facilities, and 26% were against health care workers. Sixty-two percent of the attacks were reported to have intentionally targeted health care. Most countries experienced a decrease in the number of attacks, with the notable exception of the Syrian Arab Republic.

**Conclusion:** Attacks on health care remains an important problem. The study highlights the need for standard definitions and classifications to enable a comparison of information from multiple sources, in order to better understand the full extent and nature of the problem. The lack of information on the impact of attacks on health service delivery and the health of affected populations, is a significant knowledge gap and should be a priority for information collection moving forward, if we want to make evidence based policy recommendations. The findings underscore the need for intensified action from a broad spectrum of actors, to ensure that health care is provided universally during emergencies to all those who need it, unhindered by any form of violence or obstruction.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s83

doi:10.1017/S1049023X17002175

### Minimum Standards for Staff Health in Humanitarian Aid Organizations

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**Study/Objective:** To create Minimum Standards for aid workers regarding their occupational health.

**Background:** Annually, Non-Governmental Organizations (NGOs) deploy thousands of expatriates worldwide to assist with various disasters. There are no international guidelines on minimum standards on occupational health for humanitarian aid workers, to ensure consistent and accurate preparedness and support for the delegates. Consequently, there is a need to have global guidance on the medical clearance, personal medical kit, psychosocial support, first aid training, medical evacuation, insurance and post deployment return home.

**Methods:** Based on the Delphi technique, a literature review, interviews with delegates, and a workshop organized for several humanitarian aid organizations, a questionnaire was developed to form future minimum standards for occupational health for humanitarian aid workers worldwide.

**Results:** Ten themes were identified: Delegates should be well prepared for their deployments; have good support during their deployment; accompanying family members be included in the health policies; have a healthy and safe working environment and accommodation; psychosocial support be available and implemented; a medical evacuation plan which they know how to implement; good insurance coverage during and after their deployment; staff are well taken care of after deployment; duty of care is fulfilled and emergency recruitment is handled professionally.

**Conclusion:** To be effective in the aid work, staff should receive appropriate health briefings, equipment and support for their deployment to be sufficient in their role. Humanitarian aid organizations have an important task to fulfil in various disasters. With help of this global guidance they can fulfil their duty of care, and fulfil their obligation to protect and support their workers in the best possible way. In operations like the Ebola outbreak in West Africa, this was even more important to address to ensure health and safety of the humanitarian aid workers. The results of the research on Minimum Standards will be presented to the audience.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s83

doi:10.1017/S1049023X17002187

### There's an App for THAT!

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**Study/Objective:** This session focuses on recognizing the utility of personal mobile technology as both a supplement to enhanced patient care, and access to healthcare for the humanitarian practitioner, within the framework of austere disaster/emergency medicine response.

**Background:** When considering the use of technology in clinical medical practice, a lot of factors must come into consideration: "What works for a particular individual or practice,

are applications clinically reliable/evidence based and professionally validated, and how does one select and become proficient in utilizing these types of tools?" These are a few of the key components to be addressed in this presentation. Currently little professional data exists regarding the use of technology applications, except for studies evaluating frequency of use. This lecture will seek to help the learner address these and other issues, in an effort to augment their ability to best render humanitarian aid.

**Methods:** A brief overview of technical terminology is provided along with a review of a variety of applications. Additionally, audience members will be formally surveyed as to their current use of mobile technology, as well as self-perceived knowledge gaps and practice deficits. Interactive discussion will provide additional opportunities for knowledge sharing and personal growth. Resources to guide application selection are provided for a variety of clinical settings and professional roles.

**Results:** By the end of this session, the learner will be able to:

1. Identify and analyze reliable personal mobile software (Applications or "apps") sources for use in clinical practice.
2. Demonstrate the use of applications in common clinical situations.
3. Develop a selection of applications useful to individual practice.

**Conclusion:** Mobile Medical Applications and devices such as smartphone based otoscopes, microscopes, Point Of Care Ultrasound, clinical references, etc. are an invaluable and underutilized resource in humanitarian disaster and emergency medicine. This session will provide members a forum to augment their austere medical practice through the use of readily accessible and robust technology.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s83-s84

doi:10.1017/S1049023X17002199

### In the Eye of Storm: A Haitian-Based Child Protection/ Social Service NGO Responds to Hurricane Matthew

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**Study/Objective:** To discuss Lessons Learned / Best Practices in both local disaster planning, as well as Disaster Response.

**Background:** When Hurricane Matthew hit Haiti, few were prepared personally, organizationally or as a nation. Due to lack of an integrated disaster response system, severely damaged infrastructure and many other factors, Post Disaster response was poorly coordinated with looting, cholera, food insecurity, flooding, failure to get aid to the point of need, etc.

**Methods:** Direct Observational Lessons Learned.

**Results:** Preplanning and prior staging of resources allowed our Non-Governmental Organization (NGO), Little Footprints, Big Steps to evacuate families ahead of Hurricane Matthew, as well as immediately provide food, shelter and medical aid in the hours, days and weeks after the hurricane. This was due in significant part, to the Staff/Board of Director experience with disaster management in general and hurricane response, Haiti in particular.

### Conclusion:

- Failing to plan is planning to fail.
- Prior Planning Prevents Poor Performance.
- Many lessons learned in our organizational response to Hurricane Matthew are directly applicable to WADEM's target audiences.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s84

doi:10.1017/S1049023X17002205

### Disease Diplomacy for Humanitarian Aid and Conflict

#### Reduction

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**Study/Objective:** This paper adopts a disaster diplomacy framework to explore the overall disaster diplomacy conclusions for epidemics and pandemics, including vaccination programs; in effect, looking at "disease diplomacy."

**Background:** Disaster diplomacy examines how and why dealing with disasters, before and after a disaster manifests, does and does not reduce conflict and support peace. From numerous case studies around the world, the overall conclusion is that disaster-related activities (such as prevention, planning, risk reduction, response, and recovery) often have the potential to catalyse or influence peace initiatives in the short-term, but long-term impact and creating new diplomacy are almost absent. Meanwhile, many health diplomacy initiatives have long been used such as WHO's "Health as Bridge for Peace" program and ceasefires negotiated to implement child vaccination programs and to support disease eradication endeavors.

**Methods:** Case studies are examined qualitatively to seek explanatory and predictive conceptual models for success and failure of disease diplomacy. The focus is on infectious disease rather than on wider health diplomacy, or on other health issues, such as chronic conditions and lifestyles, in order to ensure that disaster diplomacy can be tested from a health perspective.

**Results:** No infectious disease related initiatives could be found which led to clear-cut disaster diplomacy successes. Nor were examples found aiming to use infectious disease for active disaster diplomacy, despite numerous calls to do so, such as through "global health as foreign policy" and "global health diplomacy." Yet, separating efforts to deal with infectious disease from diplomatic activities, especially in conflict zones in the context of humanitarian aid, might support these programs' achievements.

**Conclusion:** Infectious disease related initiatives confirm the experience from across disaster diplomacy case studies, that disaster-related activities sometimes catalyzes ongoing peace and conflict processes, but so far have not been shown to create new ones.

*Prehosp Disaster Med* 2017;32(Suppl. 1):s84

doi:10.1017/S1049023X17002217