

## **HEALTH EMERGENCIES IN THE COMMUNITY: PROPOSAL FOR MITIGATION AND EVALUATION: DRAFT FOR COMMENT and QUESTIONS on inCET**

Mortality and morbidity from health emergencies causes much hardship, suffering and economic loss in the community. Severe injuries as well as illnesses are responsible. Research shows that adverse effects can be reduced by simple but correct and prompt response. Uniformed services cannot always provide immediate service in all cases and adequate infrastructure is often lacking especially in the face of mass casualties.

A centre of medical excellence in the country is ideal for implementing an outreach programme that brings better health to the community. The unique benefits of inCET (integrated Community-based health-Emergency preparedness Training) address these issues on a not-for-profit basis with the help of senior international experts.

**Details of these and other academic services are available from IHCI Tel / fax: +44(0)1707852118 mobile: +447850996376 [www.jmap.com](http://www.jmap.com) email: [chief@jmap.com](mailto:chief@jmap.com)**

### **inCET in summary:**

Key individuals within the local community are trained to recognise the effects of serious illness and injury, to identify those in the greatest need before help arrives (triage). The participants learn methods to gain control of the event, make use of available resources and work within a team (leadership and situation control). They are able to communicate with uniformed services in a consistent way and assist in transfer / transport of people. The participants are also given a brief understanding of the specific health emergency risks in their area and how to assess and mitigate risk.

The recipients are encouraged to record and audit the effects of their training.

The inCET approach is fundamentally different from first aid, life support, health and safety courses and is intended to complement these skills.

Training for competencies in Nursing, Emergency Care, Paramedical skill with observation status in Europe and North America is also offered by IHCI (contact details above).

### **INTRODUCTION:**

**1. Scientific Data indicates** (references available) that over 30 percent of deaths from trauma are preventable by prompt and correct treatment. In most cases, high and expensive technology is NOT required. The standards and principles of care are well established in courses such as ATLS, PHTLS etc. for many years. Difficulty arises in developing countries (and in cases of mass casualty) due to lack of infrastructure and shortage of uniformed pre-hospital services. Usually these are replaced and provided locally by and within the community. The service is often inconsistent and unscientific.

A similar situation exists with reference to common but life threatening illnesses such as meningitis, severe dehydration and diabetic acidosis.

It is worth noting that in case of a serious emergency such as noted during hurricane Katrina, USA and recent floods in England, UK the effects may be such that the differences between rich and poor communities may not be much different at least in the early stages. inCET seeks to place a trained enlightened citizen at the centre and beginning of the community's response

**2. Economic considerations** demand immediate attention to the effects of health emergencies. According to some authorities and indicative data from developing (as well as developed) countries, the cost of Disability Adjusted Life Year (DALY) through investment in pre-hospital based care is less than three percent of the DALY cost of hospital-based services. Community preparedness for health emergencies enables close integration with uniformed services and primary care providers whilst giving confidence to the local population. It reinforces the existing systems and enhances the beneficial impact of health care infrastructure investment. inCET is solidly based on manpower development through training and does not involve high capital expense. It is sensitive to local culture and context, remaining at all times flexible, sensitive and customised to the requirements of the community. inCET improves the resilience and tolerance of the affected population to delays in the arrival of external help.

**3. Socially** In the time that any country undergoes development of infrastructure and universal provision of health care, imaginative and innovative solutions must be considered and implemented for the essential requirements arising from health emergencies of every magnitude. The affected communities cannot wait until development is completed.

It is desirable to connect interventions with an evaluation, research and audit programme for impact assessment and prevalence measurement to ensure continuous improvements.

**4. Maximising** the effects of community preparedness is possible by targeting groups that have the greater opportunities to use their skills such as public transport workers, post office workers, police etc. Professional care providers can also benefit from linkages with international institutions and training opportunities in Europe and North America

#### **ABOUT inCET:**

##### **inCET's contents include:**

Standard prehospital care protocols (as enshrined in well established –copyrighted courses- ACLS, ATLS, ALS, MIMS, PHTLS, PHEC etc.) for suitably trained individuals.

The course is further enhanced by training in triage, leadership, communication, transport and risk assessment skills. A vital component of interCEPT is its support for epidemiological evaluation of the prevalence of emergencies, the impact of interventions and the harvesting / analysis of other local demographic data.

##### **inCET has several unique strengths:**

Although it meets (and exceeds) the highest international standards of training and skills, it is sensitive and adjusted to local requirements. In addition to education of the service providers, it encourages the training of the local trainers. interCEPT empowers the community by improving its preparedness and assists in reliable evaluation of the outcome. Its focus is on technology transfer and development of local communities.

#### **PROVIDERS:**

A team made up of international and local faculty with strong emphasis on the transfer of technology and training the local trainers for skills propagation

**DATES:** By mutual arrangement between the participants. **DETAILS AVAILABLE**

**COST:**

The inCET training and service is provided on a not-for-profit basis without licensing or copy-write restrictions. The anticipated costs will address the travel from base in the UK and elsewhere as well as payments for time away from unavoidable duties. The required funding will represent actual cost. IHCI will provide advice on possible sources of support.

**EXTERNAL LINKAGES:**

Implementation of the interCEPT programme is expected to generate international linkages with reputable centres of excellence for research, education and continuing professional development. Opportunities also exist for travel, clinical attachments and pursuing academic courses. Internet resources will be provided to the participants.

## **ILLUSTRATIVE DETAILS OF IMPLEMENTATION (example of schedule):**

### **A. Approximately 3 to 6 Months Prior to travel (preparation)**

The inCET team will liaise very closely with the host organisation, aiming to deliver the programme in the following steps. These are listed as indicators. There is flexibility to adjust the programme in response to local requirements:

1. Identify those who will receive the training: the recipients
2. Identify local trainers and researchers who will participate in providing the training and evaluating its impact: the faculty and researchers
3. Provide pre-course material and gain understanding of the local issues (including specific health risks, within a cultural context) and convey an understanding of the objectives of inCET, in the local language if necessary
4. Provide a protocol to assess the prevalence of the problem being addressed by inCET, training for impact assessment and data collection if appropriate
5. Assess the pre-course knowledge and skill base

### **B. During actual contact period of 2 to 6 weeks (programme during implementation)**

The local and visiting faculty will work closely to implement the inCET programme over a flexible schedule:

1. Three days to be spent on a 'training-the-trainers' programme together with strengthening of epidemiological research competencies
2. Two days to be spent on adjusting the contents of interCEPT to the local needs in consultation with the recipients and ensuring accurate translation in the local language
3. One day for visit to local institutions and establishing contact with local NGOs (if appropriate), health-care providers and media
4. Five days to spent on training the recipients along-side the local faculty, in the essential inCET skills (Triage, Rescue and transport, Leadership and situation control, Communication, Risk assessment, chain of survival and essential life support techniques)
5. Two days to be spent with the newly trained faculty and recipient to reinforce core skills
6. One day for feed back, data collection to evaluate the immediate effects of inCET programme.
7. Participation of the faculty in the relevant ongoing curricular, academic and clinical activities of the host organisation. Assisting the development of protocols in relevant areas
8. Five days provision of further advanced training in trauma, cardiac, pre-hospital emergency care to the local faculty if appropriate and further workshops for recipients
9. Two days field visits and other services as required

## **CONTENTS (Curriculum):**

The following topics are conveyed using standard skill and competency based training methods (including case histories, simulated casualties and mannequins) in very small learning groups:

1. Training the trainer
2. Triage
3. Leadership: working with others, situation control
4. Communication
5. Lay person casualty transfer skills
6. Practical techniques to:
  - \* Identify and assess suffering from serious injury or illness
  - \* Perform appropriate life and limb saving interventions using low or no technology
  - \* Airway Management & Ventilation
  - \* Rapid Immobilization, Extrication and Transport without the use of expensive specialist equipment, correctly prioritise rescue and transport of patients
  - \* Evaluation Scenarios
  - \* Audit and epidemiological techniques
  - \* Understanding the principles of disaster management, chain of command
7. Risk assessment and mitigation

## **RECOMMENDATIONS FOR BEST OUTCOME:**

It is hoped that the implementation of interCEPT will begin the process to achieve the following:

1. Targeting of the traditional first responders within the community such as drivers, police, local by standers : Placing the enlightened citizen at heart of the first response to a health emergency.
2. Support the development of competencies in the community to gather and use data to develop locally relevant health care interventions and responses.
3. Assisting good and dedicated local trainers and researchers to provide skill-propagation and prevention of skill-decay, to ensure expansion of services
4. Strategies to integrate customised inCET into existing systems and networks
5. Support the establishment of international academic exchange programmes,
6. Support applications for international funding and develop local centres of excellence

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