Preparing for Receiving EMT Following a Major Earthquake in Israel

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Background/Introduction: Israel is prone to a major earthquake along the Jordan Valley which will have a devastating impact on Jordanians, Palestinians, and Israelis. Magen David Adom Israel partnered with other national societies and is working together with the Israeli authorities to prepare for such an eventuality.
Objectives: To describe the processes of the preparation work done in Israel, identify the main results, and lessons learnt.
Method/Description: The activities followed this methodology:
- A mapping exercise of the main issues to be addressed across different sectors.
- Series of joint multi-sectoral workshops with the relevant stakeholders to discuss the issues identified.
- Formulating the respective SOPs of the different stakeholders.
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Results/Outcomes: Main results:
- Dedicated immigration procedures
- Dedicated customs procedures, including import permits including customs clearance and transport to the operations site.
- Health EoC to be tasked with handling arriving EMT and monitoring their operation.
- EMT to be embedded into existing Israeli health care facilities.
- Overcoming gaps in pain medication (controlled substances) and new generation antibiotics.
- Working with hospitals expected to receive an EMT on a joint deployment SOP

Conclusion: While many issues identified in the processes were resolved with many positive outcomes, there is still a list of other issues still pending decisions, which are in the future work plan. In order to sustain the results, and ensure their validity over time, an ongoing cooperation, nationally and with the international partners, including simulations, is essential.

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Health Checkup of EMT Members during 2024 Noto Peninsula Earthquake in Japan

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Background/Introduction: During disasters, support for victims is prioritized, with EMTs providing essential medical care. However, the health of EMT members and other supporters is often overlooked. To address this issue, Japan implemented the J-SPEED Health Checkup tool for the first time during the Noto Peninsula Earthquake in January 2024 to collect real-time health data on EMTs and supporters.
Objectives: This study aims to examine the fatigue levels and influencing factors among EMT members and other supporters.
Method/Description: The J-SPEED Health Checkup tool collected data on fatigue levels and factors such as working environment, activity type, job type. Fatigue levels were measured on a scale from 0 to 10, with higher scores indicating greater fatigue. A multivariable regression analysis was conducted to determine the association between fatigue and these factors.
Results/Outcomes: From January 1 to March 31, 2024, a total of 20,551 data were collected. Logisticians reported significantly higher fatigue scores than other job types, with an increase of 0.23 points. Those working in headquarters also had higher fatigue scores compared to other activity types, with an increase of 0.19 points. Responders who perceived worse "unclear tasks," "unsafe working environment," and "lack of meals and breaks" reported significantly higher fatigue levels.
Conclusion: The study highlights the significant impact of job type, activity type, and perceived working conditions on the fatigue levels of EMT members and other supporters during disaster response efforts. Addressing these factors is crucial to ensuring the well-being of responders, which in turn can enhance the overall efficiency and effectiveness of disaster response operations.

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Fiji Emergency Medical Assistance Team (FEMAT) Response to Tropical Cyclone (TC) Cody

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Background/Introduction: In January 2022, TC Cody, a category 1 cyclone, caused widespread damage across Fiji with significant rainfall leading to extensive flooding in the western and central mainland. Over 4,500 people were displaced.
Objectives: Describe FEMAT's response to TC Cody in the midst of COVID-19 Delta and Omicron outbreak.
Method/Description: FEMAT coordinated initial response through the sub-divisional mobile teams that were activated within 12 hours after impact and tasked with monitoring the evacuation centers and screening the affected communities for illness or injuries. Later post-disaster (72 hours) deployments included WASH, food, and vector control activities.
Results/Outcomes: Health Inspectors provided technical expertise for FEMAT in WASH, vector control and food safety. During this deployment, they led the team with disinfection of 177 evacuation centers, provided surveillance for food safety at local food outlets, distributed 1,874 hygiene kits, 141 menstrual hygiene management kits, 1,097 WASH kits, 476 water containers and 179 hygiene promotion kits, assisted in emergency water distribution carting for 210 households and

1,667 water purification tablets to the beneficiary. This provided aid to 12,705 households. The team also implemented vector control activities with source reduction targeting hot spot and high-risk areas with the removal of mosquito breeding sites, anti-mosquito fogging and larvciding.
Conclusion: The FEMAT response assisted in minimizing of potential outbreaks in communities post-disaster during COVID-19 outbreaks.
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Emergency Medical Team Deployment in Response to Cyclones Judy and Kevin in Vanuatu: Coordination, Challenges, and Outcomes

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Background/Introduction: In March 2023, Vanuatu faced severe impacts from twin tropical cyclones Judy and Kevin. This state of emergency necessitated the activation of the National Health Emergency Operations Centre (NHEOC) and the Emergency Medical Team Coordination Cell (EMTCC) to coordinate deployment of both national and international EMT responses.
Objectives: The primary objectives were to provide life-saving services, ensure essential medical support, maintain minimum standards of healthcare, and improve coordination among the various health teams and sectors involved in the disaster response.
Method/Description: The EMTCC managed the deployment of over five National EMTs and four International EMTs. Reception and Departure Centers (RDCs) were set up at entry ports for team verification and briefing. Daily Minimum Data Set (MDS) reporting facilitated consistent monitoring and planning. The EMTCC coordinated logistics, transport, ration supplies, and implemented a medivac process for patient referrals.
Results/Outcomes: Over five National EMTs, including medical officers, midwives, psychosocial support, logistics, and nurses, were deployed, serving at least 1,638 patients. RDCs efficiently processed international teams, and daily MDS reports supported informed decision-making. Collaboration with international partners was effective, and a medivac process ensured timely patient transfers. Despite logistical delays, financial constraints, and human resource shortages, the coordinated efforts led to significant positive outcomes.
Conclusion: The EMT deployment in Vanuatu highlighted the importance of well-coordinated emergency responses. Key lessons include the need for standardized tools and procedures, continuous training, improved financial processes, and stronger logistical arrangements. Future recommendations emphasize dedicated budgets, pre-positioned resources, clear SOPs, and enhanced coordination to improve EMT resilience and efficiency in disaster scenarios.
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An Emergency Within an Emergency – Ability to Provide HR Health Surge Supports to Flood-Affected Areas Following the Kakhovka Dam Breach

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Background/Introduction: In the context of war in Ukraine, a simultaneous emergency struck following the breach of the Kakhovka dam on 6 June 2023 and acutely stressed the health system. Extensive flooding, water shortages, drought and widespread environmental damage in several regions occurred. Over 4,000 people were evacuated from their homes and several hospitals transferred patients elsewhere.
Objectives: To explore if the HR health surge needs of the flood affected health facilities in Kherson, Mykolaiv and Zaporizhzhia were met over the 6-month period.
Method/Description: The Ukrainian Scientific and Practical Center for Emergency Medical Care and Disaster Medicine (CDMU) of the Ministry of Health (MoH) of Ukraine, centrally managed the recruitment, onboarding and deployment of all HR health staff and surge requests over the 6 months project implementation period. Several meetings were held with the MoH regarding national regulation and a mechanism to deploy healthcare workers was established.
Results/Outcomes: A total of 340 healthcare staff (216 doctors and 124 nurses) were identified through the Regional Departments of Health (according to MoH Order. 1597) or through self-referrals. In order of demand, 165 requests (120 doctors, 45 nurses) were submitted by healthcare facilities from (1) Kherson, (2) Mykolaiv and (3) Zaporizhzhia. All requests were met, aside from certain specialisms (i.e. neurosurgeon). The length of time for surge ranged from 3 to 6 months.
Conclusion: Despite the lack of regulatory documents and mechanism for engaging and deploying healthcare workers, the surge needs were successfully met for the Kakhovka dam breach emergency, although future efforts are required to attract certain specialisms to deploy.
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Fiji Emergency Medical Assistance Team - Tuvalu COVID-19 Surge Support

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Background/Introduction: Tuvalu was one of the last countries in the world to experience widespread COVID-19