Emergency Medical Teams in the Field: Experiences and Learning
www.nationaltraumacentre.nt.gov.au

STRATEGICALLY LOCATED

Darwin to:
- Dili 718 km (1hr)
- Denpasar 1759 km (2hrs)
- Jakarta 2736 km (3.5 hrs)
- Adelaide 2609 km (3.5 hrs)
- Perth 2651 km (3.5 hrs)
- Brisbane 2846 km (3.5 hrs)
- Sydney 3146 km (4 hrs)
- Melbourne 3140 km (4hrs)
- Singapore 3345 km (4.2hrs)
“An Australian Medical Assistance Team (AUSMAT) is an official Australian Government multidisciplinary healthcare team deployed in response to national or international disasters where assistance is requested by the impacted government.

EMERGENCY MEDICAL TEAMS

- Specify an International minimum standard for medical teams responding to disaster
- Self-sufficiency
- Can be a government, charity, military or international organisation
EMT PHARMACY REQUIREMENTS

- Comply with
  - WHO Guidelines for Drug Donations
  - WHO Essential Medicines List
- Prior permission to import
- Proper donation/disposal/export
- Cold chain
- Treat both communicable and non-communicable diseases present

EMT PHARMACY REQUIREMENTS

Type 1
- Treat 100 outpatients/day for a 2 week deployment
- Must include:
  - Oral/parenteral analgesia
  - Antibiotics
  - Tetanus prophylaxis

Type 2
- As Type 1 plus medicines appropriate for:
  - Inpatient
  - Anaesthesia
  - Surgery
AUSMAT TEAM DEPLOYMENTS:

2009 ASHMORE REEF, EXPLOSION
2010 PAKISTAN, FLOODS
2011 CHRISTCHURCH, EARTHQUAKE
2013 SOLOMON ISLANDS, DENGUE
2013 PHILIPPINES, TYPHOON YOLANDER
2015 VANUATU, CYCLONE PAM
2016 NEPAL, EARTHQUAKE
2016 FIJI, CYCLONE WINSTON

NCCTRC DAY-TO-DAY BUSINESS

• Vaccination Clinic
• Stock Rotation
• Medicine governance
• Licensing
• Review and design of kits
• Maintenance of clinical skills
PRE-DEPLOYMENT ACTIONS

- Country-specific changes
  - Likely presentations eg Malaria
  - Standard drug list
  - Import/export license
- Final preparations
  - Final packing
  - Manifest
  - Temperature monitoring
  - Computer database
- Review of AUSMAT staff
  - Vaccination status
  - Medical conditions
  - Allergies

ON DEPLOYMENT ACTIONS

- Storeman/technical role
  - prepacking, imprest supply, dispensing
- Clinical impatient review
- Drug Information
- MOH/other EMT liaison
- Recording and reporting medicine usage
POST DEPLOYMENT ACTIONS

- Analysis of medicine use
- Assurance of stock quality
- Gap analysis/risk register
- Staff survey
- Medicine kit rebuild

NON COMPLIANCE TO REQUIREMENTS

- Phenytoin versus levetiracetam
- Benzyl benzoate versus permethrin cream
CASE STUDY - DEVELOPMENT OF KIT

2010 PAKISTAN

- Realised a need for an informed pharmacy kit for SDD
- Based on IHMK and ICRC documentation

2013 PHILIPPINES

- Deployment highlighted lack of non-communicable disease medicines (NCD)
- Review of WHO essential medicines list
  - Population modeling to shape assumptions related to our region, e.g., likely percentage of diabetic patients
  - Addition of NCD medicines

CASE STUDY - DEVELOPMENT OF KIT

2015 VANUATU

- Deployed medicine kit returned to Australia
- Wax coated boxes collapsed
  - Purchase of new durable, secure and colour classified storage boxes to replace wax coated boxes that were originally chosen because they were lightweight and disposable

2016 FIJI

- AusMAT Fiji response gave rise to:
  - Consideration of EMU mobile team requirements
    - Boxes have tended to include innovative custom designed shelving systems to convert a box into an immediate use container system with removable shelving
    - Purchase of portable medicines packs
    - Considerations aroundCosting
Our Medical Kits

- New pictograph
- Refrigerated stock issues
THANK YOU