

Overview

Regional Training Course
on Mass Casualty Management
and Hospital Preparedness





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Overview

1. Rationale

Of the six WHO regions, the Western Pacific experiences the most number of natural hazards.¹ During the last few years, countries in the Western Pacific have been affected by mass casualty incidents (MCI). These catastrophic events put into test countries' preparedness to handle mass casualties, from the tsunami victims in Thailand and Indonesia to victims of massive landslides and floods in the Philippines.² These events also prompted countries and their international partners to reevaluate their emergency preparedness capability. As a result, several training courses were designed and conducted both at the country level and international level to help establish or strengthen country and local level health emergency response. These training activities however, were designed more to develop individual skills, particularly related to provision of medical care, trauma management, and some elements of coordination and command mechanism.³ In a four country assessment of Mass Casualty Management (MCM) and Hospital Preparedness (HP), it was found that indeed courses are more focused on the development of individual skills in providing emergency health care (services) rather than skills that are necessary in facilitating the establishment or strengthening of country level MCM and Hospital Preparedness. Two of the major MCM and HP trainings reviewed are HOPE⁴ and HEPR.⁵

¹ EHA Factsheet. World Health Organization Regional Office for the Western Pacific

² 82% of disaster events in Asia and Pacific are caused by just 4 hazards: mass accidents (37%), floods (18%), storms (19%) and earthquakes (8%); floods are significantly associated with extended periods of excess morbidity from communicable diseases while storms and earthquakes cause displacement of large populations into temporary shelters for long periods, which causes significant public health risks; 95% of morbidity and mortality in the first week after a disaster is due to trauma; 72% of disasters in the Region involve less than 50 trauma victims (deaths plus injuries); 60% of these trauma victims need only simple first aid or primary medical care, while 85% of disaster deaths occur before the victim reaches a hospital.

³ Regional Training Course on MCM and Hospital Management, 3rd draft.

⁴ The HOPE (Hospital Preparedness for Emergencies) training package developed by ADPC, NSET, Johns Hopkins University and OFDA in collaboration with a pool of experts in the field of hospital preparedness in Asia to respond to the needs of the Hospitals for disaster preparedness. It is a 3.5 days course composed of 23 (limited interactivity and limited time for experience sharing).

⁵ The HEPR (Hospital Emergency Preparedness and Response) developed by ADPC, Bangkok. A 5 days training course (content much similar to the HOPE package).

In 2001, the WHO Regional Offices for the Western Pacific and South East Asia collaborated with the Asian Disaster Preparedness Center (ADPC) and the Japan International Corporation for Welfare Services (JICWELS) to develop an international training programme designed for government policy-makers and managers. The programme was called Public Health and Emergency Management in Asia and the Pacific (PHEMAP). PHEMAP is a series of integrated courses covering the technical, managerial, and policy aspects of emergency management in the health sector.

Since its inception, seven training courses have been implemented with participants coming from Cambodia, China, Fiji, Japan, the Lao People's Democratic Republic, Malaysia, Papua New Guinea, the Philippines, Samoa, Vanuatu, and Viet Nam. One of the objectives of the interregional PHEMAP courses is for the participants to develop national level training courses for their respective countries. The Philippines offered its first national PHEMAP course in January 2003. PHEMAP training is, however, more intensive and multisectoral in nature, involving not only health managers but also other stakeholders in emergency management. There is a need for the development of a regional training course aimed at assisting the health authorities to develop institutional capacity for MCM, at all levels in the country, with focus on hospital preparedness. The major aim of the proposed course should be to provide tools and methodologies that the Health Emergency Managers (HEMs) can use in their institutions (hospitals, MOH, etc - in each country) in order to enhance the capacity of the health sector in MCM through emergency planning, training and systems development. This course is a response to this clamor.

The need to focus on MCM and Hospital Preparedness training. Mass casualty incidents usually result to a surge in needs for services. It is paramount that focus of capacity building should be on enhancing the surge capacity in MCM (i.e., increasing patient-care capacity), highlighting the importance of preparing hospitals for emergency response. Capacity building courses should simulate natural approaches to MCI; holistic (preparedness, mitigation, response, recovery), linking hospitals with the other actors, the linkage of care delivery with systems development, and the inclusion of all aspects (such as public health, etc.), and this exactly would be the major attributes of this course. The aim of this course is to be able to provide the knowledge, skills, and attitudes needed by the participants to function effectively and efficiently as members of their respective country disaster or emergency teams using problem based approach and guided by constructivist principles.

2. Educational Goal

This course hopes to develop country Health Emergency Managers with deep understanding of the concepts, principles, and strategies in Mass Casualty Management and able to contribute to the capacity enhancement in MCM and Hospital Preparedness at country and

community level. They are also expected to be able to assist their respective MOH in the development and implementation of training courses for enhancing the MCM capacity of the health sector.

3. Course objectives:

At the end of the course:

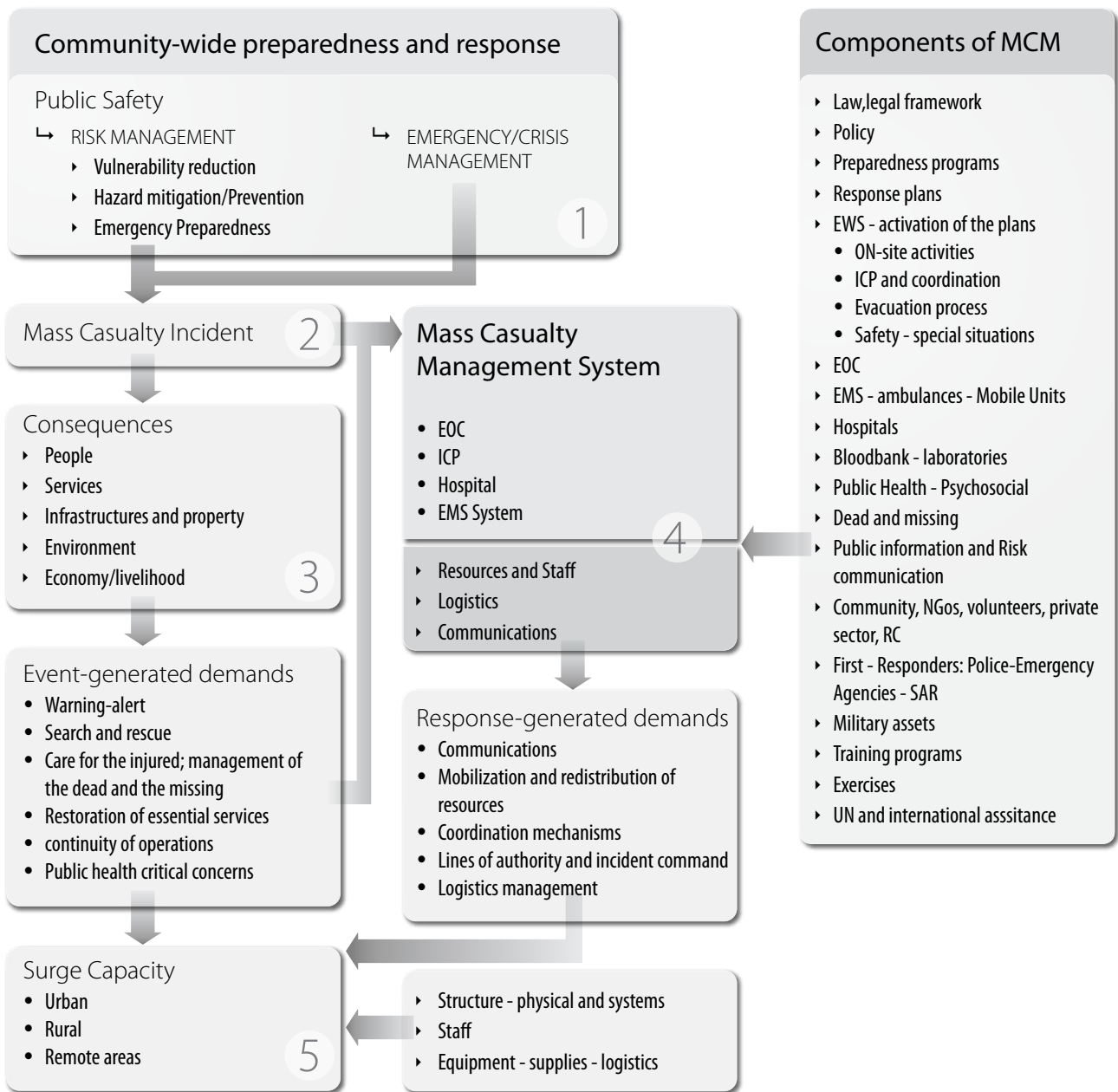
Participants will be able to:

1. Achieve a better understanding of MCM framework and concepts.
2. Contribute to the strengthening of hospital readiness for responding to MCI.
3. Advocate for the development or strengthening of Emergency Medical Services System in the perspective of EMSS' contribution to MCM.
4. Facilitate the development or strengthening of Hospital Emergency Response Plans.
5. Contribute to the effective implementation of functions of hospital in managing public health challenges in MCM.

4. The Course Modules:

The course is divided into six modules. Each module addresses a major competency area required of a member of a country team in the planning and implementation of Mass Casualty Management programs. The conceptual framework for MCM is used as guide in the sequencing of the modules (see figure 1 below). **Module 1** discusses the general framework for risk management, MCM, and the seven major terms used in MCM (block 1). **Module 2** tackles on-site operations, block 3 in the conceptual framework. **Modules 3** covers EMSS (block 4), while **Modules 4** and **5** address two important components of MCM: **Hospital** preparedness (Module 4) and **Public Health** (Module 5). The last module, **Module 6** covers the principles and processes of risk communication.

Mass Casualty Management - Conceptual Framework



4.1 The Modules:

Module 1: Foundations of Mass Casualty Management

This module will cover the risk management framework, MCM conceptual framework, and surge capacity. Participants understanding of the seven (7) fundamental terms important in risk management like *hazard, emergency, disaster, risks, vulnerabilities, readiness, and community* will be deepened through interactive sessions.

Module 2: On-site Operations

This module will have five (5) sessions. Session 1 will provide general introduction to on-site activities. Two major activities, Search and Rescue, and Chemical Incidents will be covered in Session 2 and 3 respectively. The role of exercises, from development to implementation, is the emphasis of Session 4 and the module will close with a case study (Session 5).

Module 3: Emergency Medical Services System (EMSS)

This module will have two sessions. Session 1 will provide the overview to EMSS and Session 2 will provide opportunity for participants to identify areas for development and/or strengthening of national EMSS.

Module 4: Hospital Emergency Preparedness

This module is divided into five (5) sessions and will start with a discussion on the Emergency Planning Process for Hospitals (Session 1). In Session 2, participants will do a simple situational analysis of their respective hospital preparedness, while in Session 3 components of emergency response plans are discussed. Hospital Surge Capacity and Pandemic Preparedness will be the focus of Session 4. Session 5 will introduce participants to the concept of continuity of hospital operations.

Module 5: Public Health in MCM

This module will focus on how to identify potential public health challenges during MCI and the role of hospitals in managing these challenges (Session 1 and 2). Three major services/programs: mental health and psychosocial support (Session 3), management of the dead (Session 4), and health information systems in emergencies (Session 5) will be discussed in depth.

Module 6: Risk Communication in MCM

This module will cover the general principles and processes involved in risk communication and the role of risk communication in MCM.

Preparing to Teach. As mentioned in the section on education goals, participants are expected to plan and possibly conduct the same training course or part of it in their respective countries. To facilitate their entry into this future role, each module will be treated not just as venue for learning but also as opportunity to simulate future teaching activities that may be conducted by the participants themselves.

5. Teaching – Learning Philosophy and Methodology

The choice of learning strategies for this module is guided by adult learning principles and constructivist philosophy. While small lectures will be provided to introduce major concepts, small-group learning strategies will be used to ensure participants' active engagement in the learning process. Teaching and learning activities will have as foci case scenarios, simulated data, and other information that maybe generated while using the different toolkits.

6. Participants

Participants to this course will be people who are in one way or another involved in country level planning and implementation of health emergency management programmes. Participants maybe members or future members of health emergency management teams. They can be **Health Emergency Managers** who will have as functions, are already functioning, or will contribute to the following when they return to their respective countries:

- development and or the implementation of national and sub-national training courses in MCM
- development and or management of "implementation workshops" on ERP⁶ (for hospitals)
- development of health sector emergency response plans for MCM (at national, sub-national or community levels)
- development of policy and guidelines (for the MOH) on MCM

Recommended country materials to bring to the training:

To fully maximize small group activities, participants are advised to bring with them country or local data that will be useful during the workshops.

Participants are encouraged to bring the following (if available):

1. National Disaster data
2. National Disaster Management Program
3. Existing EMS Protocols or related materials
4. Hospital Data
5. Hospital Preparedness Plan
6. other materials that they may find useful for the training

7. Assessment and Evaluation

7.1 Participants' Assessment

Assessment will be conducted all throughout the training. Assessment will be both formal and informal. Formal assessment will be through the use of objective type post-tests while informal assessment will utilize participants' outputs during individual and small group activities. Assessment results will be used to **determine achievement of intended learning outcomes** and to identify content areas that may have to be

⁶ ERP Emergency Response Plan

addressed further by the participants and members of the training team.
Assessment results will also be the training team's major bases for the awarding of certificate of course completion.

7.2 Post Training Evaluation

Post training evaluation activities will be used to identify coverage and process issues. Information collected will help the training team in identifying areas for improvement, both immediate and long term, and will also be useful in highlighting to the participants training areas that they have to watch out for as they conduct their own country level training.

The following evaluation formats will be used:

Evaluation Format	Data to be collected
1. Daily evaluation / Module Evaluation	Participants observation re: <ul style="list-style-type: none">• Achievement of objectives• Achievement of personal expectation• Teaching-learning activities (lecture, workshops, case-studies, individualized learning, etc)• Teaching – learning environment• Quality of Materials• Quality of Presentation• Lecturer or facilitator (handling of topics or TL activities)
2. Overall evaluation	All of the above but in the context of the overall program. Recommended topics (additional) for future training Areas for improvement Impact of training to the trainee