REPORT
PILOT PROJECT "DISASTER MEDICINE"

The participation of INESC

EVALUATION OF THE PRODUCT

1. The activity in general.

The French participation, realised by INESC, the National Institute for Civil Protection Studies, was twofold:

- organising a self tuition workshop at Nainville-les-Roches from 9 to 12 February 1999,
- participating at an operational exercise at Chalon-sur-Saône on 3 and 4 September 1999.

2. Description of the general and operational goals of the activity.

21. The self tuition workshop of February was supposed to set off and hold a debate in order to make an inventory of the various methods and practices in the field of disaster medicine used by the rescue services in the countries which are member of the European Union, aiming at harmonising the existing training in Europe.

22. The exercise which was organised at Chalon on September 4 was intended to make visible, in full size:

- the performance of the medical rescue chain in France, in the case of a catastrophe,
- the organisation of medical training, in France, in the field of disaster medicine.

3. The target groups.

31. Self tuition workshop of February.

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- doctors specialised in emergency care
- national and locals authorities in charge of disaster management
- fire service officers
- responsibles of associations or professions that are implied in rescue operations in case of a catastrophe.

Police responsibles are considered member of the target group as well, but no country considered it necessary to send representatives.

32. Exercise of September 4.

The observers of the exercise were of the same kind as those of February. It should be noted however, that the representatives of the medical corps and the health services outnumbered the other operationally responsible persons (such as fire service officers).

4. Main results in relation to the general and operational objectives.

41. Self tuition workshop of February.

- Compilation of a base glossary, common for all fifteen countries and regrouping the concepts attached to the structure of the safety chain and to the competence of the intervening actors.
- Realisation of a study based on the compared organisation of the safety chain, seen from differents angles, organisationally, medically, socially and psychologically, juridically and financially, educationally.

42. Exercise of 4 September.

The presentation, in the field, of the French safety chain in case of a catastrophe, was deployed to face three major accidents, a rescuing in case of a traffic accident, extrication and chemical risk, with 120 victims in total, made it possible to open a comparative debate on the existing structures in the different representative countries.

5. Considerations.

From the self tuition workshop and the responses to a complementary questionnaire the following information can already be drawn :

51. For all the countries.

The major concern in the organisation of disaster medicine is to improve the quality of the care given to the victims.

511. Ample medical presence is available at all the levels of disaster management (even if this availability is not considered equally according to the different countries)

512. The medical influence has obliged to evolve the practice on all the levels of the organisation of the rescue.

513. This influence depends at the same time on the progress accomplished by medical science in the field of resuscitation and feedback.

This is illustrated by the representation of four catastrophes: Furiani (France), Bradford (Great Britain), Zeebrugge (Belgium) and N'Sam (Cameroon). In each case, the medical actors have been obliged to modify their common and/or planned behaviour.

514. The "fatality" concept is strongly fought about in the European Union countries. But it creates problems of an ethic nature and of adapting of behaviour when these countries have to interfere in missions outside the European Union.

52. Points of discussion between the European union countries.

521. The representations (of a psycho-social kind) of catastrophes or disasters or calamities differ in the various countries. The same words do not cover the same concepts.

522. The criteria to define these notions differ in the various countries :
- the size of the catastrophe
- the number of casualties
- the disproportion between lack of means and importance of needs
- the consideration of a real psycho-social trauma

523. The need for a "systematic" analysis of catastrophes with the use of the notions of "processes" and "critical thresholds" is not felt the same way by all. According to some countries, the reaction to a major violation of public order demands only reinforcement of the already existing means.

For other countries, the rupture in normal behaviour provoked by a major violation of public order demands a fast change in the way of thinking about the event and the composition of responses.

524. These various ways of compiling the means of disaster management generate different styles of education and training, from specialised education and training of doctors that are specialists already, charged with forming their "own" rescue teams, up to "crash courses" for all kinds of actors who deal with taking care of the victims of a catastrophe. Several countries of the European Union find themselves between these two extremes.

53. Presentation of the second questionnaire.

At the request of the participants in the self tuition workshop of February, a second questionnaire was sent (with a 100% response). The originality of this questionnaire consists of several points, which makes is necessary to elaborate on with regard to the possible continuation of this labour at a European level.

531. The questionnaire consists of three parts :

- a glossary
- a determination of the competencies of the actors involved in taking medical care of victims
- a representation, in the form of a framework, of the organisation of the rescue chains and the on-site care during a specific railway accident.

The way in which the questions were posed made it possible for both theorists as well as practitioners, and people both in the administrative as well as the clinical field, to respond by giving their opinions.

532. The glossary, reversed compared to a normal glossary, did not propose words, but the concepts, in order to have every country fill in their terms.

The glossary showed variations of concepts, for old words (catastrophe) as well as new words (triage). For example, the terms care and triage need to be specified since they do not seem to cover the same categorisations of victims nor the methods to treat them.

The glossary showed variations in the systems of command. The relations between the operational and decision making hierarchy are not situated at the same level. The location of the medical hierarchy varies per country, whether the criterion is the organisation (locally, regionally, nationally), or it has to do with the location of the doctors, specialised in disaster medicine or not, in the chain of care.

533. The competencies of the actors.
- the number of categories of actors varies with the countries (due to the size, the education and training system, evaluation and feedback..?),
- the actors cannot be superposed from one country to another,
- certain life saving gestures (such as handling an IV) could be practised by different actors, according to their country. It would be difficult to determine them on the site, in case of a border crossing catastrophe.

The above obviously poses the question of the place, the number and the education and training of these actors and the criteria of their determination in the organisation of disaster medicine.

534. The organisational frameworks.
It was possible to determine three major categories :
- the organisation of the rescue is predominant and the management of care is centred in hospitals. This evokes the problem of the rapidity of the interventions and the organisation of the evacuation, especially for the victims most in need of assistance.
- the organisation focused on a permanent evaluation of needs, both on the care as well as the rescue without central steering. This evokes the problem of real co-ordination.
- the organisation is centred on the management of care, which evokes the problem of precise medical triage based on available hospitals and medicalised transports.

54. Conclusion.
541. The work that has been done makes it possible to target the points on which the various countries might wish to develop their mutual comprehension:
*about the concepts :
- triage, the borders, modalities
- the medicalisation in the field, the actors, the structures
- the chain of command, the actors, the responsibilities
- taking care psychosocially of the people implied, the length, the actors, the modalities

* about the competencies of the actors :
Certain gestures are "hinges" between rescue and care (handling an IV, psychological support to victims and people implied…)

In order to achieve comprehension between countries, it might be preferable to determine the actors by their competencies and not their professions.

* about the organisational frameworks :
- the three main groups of frameworks need verification,
- "objective" criteria to construct these groups do not exist at this moment,
- the variations are due to phenomena of hyperspecialisation, the state of regulations, and to cultural problems which could not be specified.

542. The work that has been done should be continued by new methods.
These simple questionnaires at the workshop have permitted to specify the fields of research, but more specified working methods are necessary to assist in the mutual knowledge of the functioning in the various countries. In particular, the common construction of analysing and observation tools with the use of modern information and communication techniques should be privileged.

543. Because there is still a number of questions without an answer :
- What are the criteria to objectify that decide that this or that event is a disaster?
- Could these criteria be the object of a classification acceptable for all the countries of the European Union?
- Are the objectives of general disaster management and those of disaster medicine identical in each country?
- Is it nowadays still a question of mobilising behaviour and specific strategies?
- Are behaviour and strategies susceptible to future evolution in the various countries?

544. The field of disaster medicine is a coupling item at a European level.
- disaster medicine is a hinge between emergency medicine, war medicine and humanitarian medicine,
- it evokes ethical problems (confrontation of cultures and religions with regard to dying and surviving)
- these problems should have concrete and immediate solutions in order to not aggravate the vulnerabilities of our societies,
- these solutions depend on the progression of medical science and concrete organisational problems,
- these solutions should be researched and found, whatever the existing system is in the various countries of the European Union.

6. Propositions for future activities.
The programme, engaged under the moral authority of the Netherlands, has developed itself according to propositions from different countries, with regard to their competencies and their particular knowledge. This competence and knowledge has in the past been somewhat overvalued, at the expense of the coherence of the common programme which has given the impression, at first, to be a compilation of activities without real coherence or threads between them.

Looking back, one could think that the programme running in the year 1999 should be the joint reflection of all the countries participating in the project, in such a way that it enables them to come to a conclusion which is open, but certainly common as well. From this fact, it could be conceived that the activities should be determined in such a way that the conclusions of one activity serve as a starting point for the reflection of the following activity. In this way, a better coherence of the system can be guaranteed.

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EVALUATION OF THE PROCESS

1. Description of the activity.

The self tuition workshop, organised by the National Institute for Civil Protection Studies, from 9 to 12 February 1999, was integrated in the European disaster medicine programme, piloted by the Netherlands.

The workshop was destined to was supposed to set off and hold a debate which made it possible to make an inventory of the different methods and practices used by the rescue services of the member states of the European Union in the field of disaster medicine and was composed of a presentation and an analysis of these methods used in the different European countries. The workshop was completed with a practical presentation in the form of a large scale exercise to illustrate the French framework.

The workshop took place from Wednesday 10 to Friday 12 February 1999. The exercise that completed the workshop, took place on 3 and 4 September 1999.

In order to properly organise the debate during the workshop, the responses to a questionnaire sent to the future participants where returned to the organisers, to determine beforehand the axes of reflection and the composition of the workgroups. The compilation of the responses was realised before the workshop and presented at the beginning of the meeting.

This first stage was followed by working in subgroups where doctors specialised in emergency care and other operational parties worked together. This made it possible to analyse the various methods used in each country in the subgroup and with regard to the various criteria which had been concluded from the results of the questionnaire: operational, medical, psycho-social, juridical and financial aspects.

A first restitution was aimed at determining the similarities between methods and classify them with the help of categories. At the end of this, working in subgroups again to find the common points in each category.

Five statements by experts made it possible to sustain the reflection of the participants on concrete catastrophes. Each national representation also informed the other participants about some particular aspects of emergency and catastrophe medicine in their own country.

The conclusion of this first meeting brought a new research with regard to a glossary of essential terms. A new questionnaire associated to this glossary was addressed to the 15 member countries in order to determine the operational structures of each country, as well as the competencies of the medical actors. This was made the object of a synthesis.

The example of the French rescue chain was presented in full size, as part of an operational exercise, which emphasised the way of the evaluation of the education and training of doctors specialised in emergency care in France.

2. The participants.

During the two activities (self tuition workshop and exercise) the fifteen countries of the European Union were represented.

During the self tuition workshop, this European audience was composed of some sixty persons, of which forty three were non-French and a strong representation of the medical corps or health services (32 doctors specialised in emergency and catastrophe medicine, doctors of which 14 were French)

42 observers, of which 38 were non-French, participated in the exercise of September. Apart from some exceptions, this group was the same as the group of February.

3. Organisations implied.

The National Institute for Civil Protection Studies was the principal organiser of the two activities.

The Academic Delegation for Continuous Education (DAFCO) of the university of Rouen was involved as a subcontractor, for the animation of the activities, the technical elaboration of the questionnaire and the compilation of the responses.

The Departmental Direction for Fire and Rescue Service of Saone-et-Loire was also involved as a subcontractor, for the operational realisation of the exercise.

Finally, the National Institute for Civil Protection Studies has lead these two activities in close collaboration with the Defence and Civil Protection Direction and the medical faculty of Nancy.

4. Evaluation of the working methods.

The working methods that have been used are mentioned in the paragraph mentioned below.

41. The use of the questionnaire made it possible to start the reflection of the self tuition workshop thanks to the constant conclusions coming forwards from the compilation of the responses. The debate brought forward the need to enlarge it with the two other coupling items of the operational structures and the competence of the health actors. In any case, the preceding questionnaire must have a privileged position, because it enables to engage the discussion in an early state and contributes to determining the similarities that allows the composition of well balanced working groups.

42. The limited effective strength made it possible to work in subgroups, particularly favourable to the analysis of the criteria determined by the responses of the questionnaire and the development of the reflection in stages.

43. Resorting to experts contributed to reconnecting the reflection with the reality of the facts.

44. The choice of the exercise, even though it presents just a very limited framework because the conditions of the work (place, time and the choice of actors, etc.) contributed to draw a practical image of a structure "thrown" in the field to answer to a catastrophe and makes it possible to establish comparisons among the observers.

5. Contacts.
No comment.

6. Articles, essays and other sources of information used.
Nil.

7. Evaluation of the working procedure.
- The two activities lead by the National Institute for Civil Protection Studies assisted by a national workgroup composed of five doctors from the fire service and the SAMU (medicalised emergency ambulance service), an operational one and a psychological one.

- A constant link was kept with the European pilot group of which the animation work had been received very well.

8. Integration of activities in the organisations and national activities.
These two activities did not create a stir nationally.
Nevertheless, the participation of the disaster medicine exercise should be noted, realised at the zonal echelon (several departments) under the authority of a departmental body.

9. Consequences for the national politics.
No comment.

10. Recommendations for future activities.
See the chapter above, §6 'Propositions for future activities' under "EVALUATION OF THE PRODUCT".

ANNEXES

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