

## Gaza Trauma Working Group Meeting Minutes

**Monday 9<sup>th</sup> July 2018**

Meeting Called by	WHO
Type of Meeting	General Gaza Trauma Working group
Facilitator	Sara Halimah, WHO
Venue	UNDP Building, WHO Offices
Agencies present	MoH, ICRC, MSF, PRCS (Palestinian Red Crescent Society), Medical Aid for Palestinians-UK (MAP-UK), Palestinian Children's Relief Fund (PCRF), Al Awda NGO Hospital, Union of Health Workers Committee (UHWC), Humanity and Inclusion (HI), UNRWA & MDM France.

10 mins	Agenda item 1. Opening remarks	Sara Halimah, WHO
Attachment: No attachment		N/A
Discussion	Welcome remarks.	
<ul style="list-style-type: none"> <li>• SH welcomed all partners to the meeting and presented the agenda. All partners agreed with the set agenda.</li> <li>• SH explained that the Gaza Trauma Working Group will continue to be led by WHO, upon the request of the MoH. Meetings will take place once every two weeks and the next meeting will be facilitated by a dedicated Trauma Coordinator. SH will continue to attend the meetings and will represent the activities of WHO.</li> <li>• Partners welcomed the meeting and called for the active involvement of the MoH.</li> </ul>		

20 minutes	Agenda item 2. Trauma Update	MoH
Attachment: There is no attachment, however Health Cluster Sit Reps can be accessed from this link: <a href="http://healthclusteropt.org/pages/3/situation-reports">http://healthclusteropt.org/pages/3/situation-reports</a>		N/A
Discussion	Overview and update of the trauma needs.	
<ul style="list-style-type: none"> <li>• MoH was represented by 3 of the TSP Coordinators and were requested to provide an update.</li> <li>• Accumulative figures from MoH TSP in Khan Younis since the start of the demonstrations, presented by Dr Salah Rantisi:             <ul style="list-style-type: none"> <li>○ 2,080 casualties, out of which 382 were gunshot injuries, 452 were rubber shots, gas inhalation 1,090, other 170. 590 from the total were referred to hospitals.</li> </ul> </li> <li>• TSP Coordinators requested further support from WHO. See agenda item 4c for further details.</li> <li>• <b>Casualties:</b> Since the start of the demonstrations until the 11<sup>th</sup> July 12:00, 143 people have been killed<sup>1</sup>. The figure of people injured amidst ongoing demonstrations stands at 16,071. From this total, 7,601 were treated and immediately discharged from the TSPs and the remaining 8,470 were transferred to a</li> </ul>		

<sup>1</sup> 137 have been reported by the MoH and an additional 6 have been held by the Israeli Authorities reported by OCHA

hospital.

- **Hospitalization:** Out of the total 8,470 injuries that required hospitalization:
  - 49% were live ammunition gunshot injuries, at a total of 4,116 cases.
  - 1,365 were children (16%), 571 (7%) were female and 7,899 (93%) were male.
  - 382 (5%) cases were critical, 3,909 (46%) were moderate, 4,030 (48%) were mild and 149 cases were unspecified.
- **Incidence of limb injuries:**
  - A total of 5,319 limb injuries have been hospitalized. This represents the highest type of injury at 33% of the total injured caseload.
- Approximately 400 cases of injured people have been identified as in need of limb reconstruction, and will require up to 7 surgeries and extensive rehabilitation and treatment for up to 2 years. However, this number is likely to increase as it is difficult to categorise patients in need of limb reconstruction in the early wound management phase. Partners also noted that there was no clear MoH set definition for “limb reconstruction”. See agenda item 3 below.
- **Amputations:** Since the 30<sup>th</sup> March until the 11<sup>th</sup> July, the total number of amputations was 62, including 12 children and 1 female. Out of this total, 54 were lower limb amputations and 8 were upper limb amputations. Partners called for a further discussion on amputations and protocols. See agenda item 3 below.
- **Paralysis:** Since the 30<sup>th</sup> March until the 11<sup>th</sup> July, the total number of patients with paralysis due to spinal cord injury was 10. Out of this total 2 with quadriplegia<sup>2</sup>, 2 with hemiplegia<sup>3</sup>, 5 with paraplegia<sup>4</sup>, and 1 with monoplegia<sup>5</sup>.

Conclusions		
<ul style="list-style-type: none"> <li>• Appropriate presentation from the MoH across all three levels, pre-hospital, hospital and post-op and rehabilitation care was critical at the Gaza Trauma Working Group meetings.</li> <li>• The case load of casualties by level of severity is still unknown and requires the MoHs to develop such a central database.</li> </ul>		
Action items	Person/organization responsible	Deadline
Update on the number of patients. Establishing the central database and patients categorised by level of complex injury	MoH	TBC

1 hour	Partner Updates	Partners MAP-UK to include a presentation
Attachment: Double click on the icon on the right.		Here

<sup>2</sup> Paralysis caused by illness or injury that results in the partial or total loss of use of all four limbs and torso

<sup>3</sup> Paralysis of one side of the body

<sup>4</sup> Paraplegia is an impairment in motor or sensory function of the lower extremities.

<sup>5</sup> Paralysis restricted to one limb or region of the body.

Discussion	MAP-UK present the limb reconstruction work. Partners, including ICRC and MSF provide an update of their work.
<ul style="list-style-type: none"> <li>▪ MAP-UK upgraded its medical training/ EMTs programme in Gaza from 2014, towards the end of the war. Since then, MAP-UK has been deploying teams of health professionals to the Gaza Strip to conduct essential services, and providing on-job training for the local staff. Key areas of work currently include the following: trauma, limb reconstruction, neurosurgery, burns and plastics, breast cancer, neonatal care, physiotherapy, and general and laparoscopic surgery. The underlining principles of MAPs medical missions include: equal partnership with the local counterparts to encourage upgrading the skills of local staff, contributing to the health system by ensuring that the EMTs are fully functional and do not weigh on the local system, deployment of health professionals who are committed to visiting Gaza over a period of time. MAP-UK's limb reconstruction project is now moving into its third phase. In partnership with IDEALS Charity, and working jointly with the MoH, the project helped to establish a limb reconstruction unit in Shifa Hospital and upgrade the limb reconstruction unit in EGH. Activities involve: provision of equipment, visiting missions, remote support and theoretical and practical training. The approach is multidisciplinary in that the local dedicated limb reconstruction team consists not only of surgeons, but also physiotherapists ward nurses, OT nurses and a dedicated technical coordinator.</li> <li>▪ MSF is the leading provider of post-operative care in the Gaza Strip responding to the recent influx of casualties. The 5 clinics are distributed across the Gaza Strip. MSF also have a dedicated limb reconstruction unit located in Amman. Patients from Gaza are referred to Amman for the limb reconstruction treatment. MSF is leading the wound management component of the trauma pathway across the Gaza Strip by training partners and providing clear guidelines.</li> <li>▪ ICRC is establishing a temporary surgical ward in Shifa Hospital, which will not tackle reconstructive surgery. The unit will primarily focus on orthopaedic surgery and wound management and is planned to open on the 29<sup>th</sup> July. The admission criteria of patients will be: weapon wounded victims from the demonstration in need of secondary surgical intervention, namely: wound debridement, re-debridement, external fixator revision, injuries requiring elective amputation or stump versions, big soft tissue defect, soft tissue defect affecting the limb function, patients in need of additional surgical and orthopaedic interventions aiming to preserve the limb function only (to stop the infection) such as infected non-union and finally, vascular cases.</li> <li>▪ MDM Spain is providing orthopaedic care and support to Nasser Hospital.</li> <li>▪ Issues that came to light: <ul style="list-style-type: none"> <li>○ No clear definition on limb reconstruction and the classification of limb recon patients. This meant that partners were left to decide the inclusion and exclusion criteria for patient caseload, leading to confusion.</li> <li>○ MAP-UK has developed protocol for limb reconstruction and the document has been shared with the MoH. Trauma Working Group partners have requested to be part of the process and provide feedback. MAP-UK welcome this joint approach.</li> <li>○ No clear centralised database of casualties, categorised by level severity. This is necessary to allocate caseload of patients to the various partners.</li> <li>○ Important to distinguish between orthopaedic care and limb reconstruction</li> <li>○ The only providers of limb reconstruction are: MAP-UK in partnership with MoH through the two local limb reconstruction units in Shifa Hospital and the EGH; and MSF's limb reconstruction clinic in Amman. The remaining actors are primarily supporting orthopaedic care.</li> <li>○ Since the last meeting, partners felt that a lot had changed on the ground in terms of capacity to respond. Mapping the current capacity of the partners and the capacity to increase caseload is a critical next step and needs to go hand in hand with developing the central database.</li> </ul> </li> </ul>	

Action items	Person/organization responsible	Deadline
MoH to develop a clear definition of limb reconstruction	MoH	TBC
MAP-UK to lead a follow-up discussion on limb reconstruction protocols to obtain feedback from other key actively involved partners	MAP-UK	TBC
Need for protocols on wound managements. MSF to share their guidelines with the Gaza Trauma Working group.	MSF	By the 17 <sup>th</sup> July 2018
Mapping exercise: Partners to provide the chair (SH) with a description of their current caseload and capacity to increase	All partners	By the 17 <sup>th</sup> July 2018

20 mins	Action Points from the last meeting	Partners
Attachment: Double click on the icon on the right to access the last Gaza Trauma Working Group meeting minutes		Meeting minutes
Discussion	Follow up on action points from the previous meeting	
<p>4a) Update on the number of patients (establishing the central database) – MoH</p> <ul style="list-style-type: none"> <li>No central database has been shared with the Gaza Trauma Working Group. MP-UK is capturing all limb reconstruction patients through the MoH local limb reconstruction unit, which MSF is feeding into. Need for further follow up.</li> </ul> <p>4b) Wound management</p> <ul style="list-style-type: none"> <li>Wound management is led by MSF.</li> <li>ICRC discussed sugar dressing, however, partners felt that this required further discussion with MSF and other partners involved in wound management. The clinical care must be standardised across the Gaza Trauma Working Group.</li> <li>MSF is continuing to train partners on wound management, including HI and UNRWA.</li> </ul> <p>4c) Update on the TSPs</p> <ul style="list-style-type: none"> <li>WHO has secured funding to upgrade the 5 MoH TSPs across the Gaza Strip, this includes supplies, electronic monitoring equipment and training of health staff. The activities will start from the 20<sup>th</sup> July; further details to follow. This was welcomed by the TSP Coordinators.</li> </ul> <p>4d) Access for patients</p> <ul style="list-style-type: none"> <li>As of 9<sup>th</sup> July, 140 patients injured in the demonstrations have applied to exit Gaza through Erez Crossing for health care. The status of their permits are as follows: <ul style="list-style-type: none"> <li>A total of 29 applications were approved</li> </ul> </li> </ul>		

- 67 were denied
- 44 patient applications are still pending
- Partners who are transferring patients out of Gaza for treatment and facing difficulties with access should inform WHO.
- MSF explained that they are currently in the process of selecting the patients that can be referred to Amman to their limb reconstruction unit.

Other business:

- WHO raised the issue of increased attacks on health staff working on the frontline and called for those providing care at the frontline to wear clear standardised/ marked uniforms for protection. The Group welcomed this suggestion but agreed that it need a further discussion and could be unpacked during the next TSP meeting with WHO and PRCS.

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