

## PREPAREDNESS FOR TRAUMA SURGE IN GAZA – OVERVIEW

June 2020

A well- functioning trauma system delivers not only high-quality pre-hospital, hospital, and rehabilitation care, but also integrates the care through effective transportation, coordination and data collection.

While the oPt Health system is struggling to respond to the existing needs, COVID 19 pandemic has put an additional burden to this protracted crisis.

The need to enhance preparedness is always present: A health system should be able to provide in a timely manner trauma care service. Evidence has shown that better organisation of trauma care services can lead to reduced trauma mortality<sup>1</sup>.

What are the main operational Gaza partners' Trauma preparedness activities, and what are the main preparedness needs and gaps?

	Current trauma activities	Trauma preparedness activities
<b>Ministry of Health</b>	<ul style="list-style-type: none"><li>- Main provider of secondary healthcare services in the Gaza.</li><li>- Establishment of 5 frontline type 1 trauma stabilisation points (TSPs)</li><li>- Ambulance and transportation of patients from TSPs to hospitals and referral of casualties between hospitals.</li><li>- Operative, post-operative and rehabilitation care.</li></ul>	<p>Prehospital and Hospital Level</p> <ul style="list-style-type: none"><li>- TSPs are fully equipped with WHO support.</li><li>- A list of projected needs has been shared with WHO, this material is under process of procurement.</li><li>- Training of MoH Prehospital Personnel is postponed because of COVID 19, a distance-learning approach is under preparation.</li><li>- MoH Ambulances in process of a creation of a set of comprehensive guidelines/ procedures/ policies.</li><li>- MoH has 6 major ED able to receive trauma patients, 5 of them have Resuscitation capacity, with a total of 9 beds.</li><li>- Mass Casualty Management preparedness policy, from the Emergency Department perspective is under development,</li></ul>

<sup>1</sup> WHO, Guidelines for essential trauma care [http://www.who.int/violence\\_injury\\_prevention/publications/services/guidelines\\_traumacare/en/](http://www.who.int/violence_injury_prevention/publications/services/guidelines_traumacare/en/)

		<p>along with the 2020-2024 strategic planning for the improvement of ED Services.</p> <ul style="list-style-type: none"> <li>- ED are currently operating on an estimate of 75% of their full capacity, and if needed they can scale up to 100%</li> <li>- In continuous coordination with international partners for Ad Hoc support in emergencies.</li> </ul>
<b>PRCS</b>	<ul style="list-style-type: none"> <li>- Establishment of 5 frontline type 1 trauma Stabilization points (TSPs)</li> <li>- Prehospital transportation of patients</li> </ul>	<p>Prehospital Level</p> <ul style="list-style-type: none"> <li>- The preparedness plan extends to the needs of 500 trauma cases. If the number of casualties exceed, timely response from international partners will be needed.</li> <li>- Staff has been trained how to appropriately manage casualties amidst a possible COVID 19 Gaza outbreak.</li> </ul> <p>Continuous coordination with ICRC</p>
<b>ICRC</b>	<ul style="list-style-type: none"> <li>- Technical Expertise and support to MoH Hospital</li> </ul>	<p>Hospital Level:</p> <p>ICRC keeps a contingency stock here in Gaza for the first wave of wounded, to be released upon official MoH request.</p>
<b>MSF F</b>	<ul style="list-style-type: none"> <li>- 4 OPD clinics providing medical, dressing, physiotherapy, occupational and health education counselling for the trauma and burn patients.</li> <li>- Surgical activity in Shifa burn unit for acute and cold burn patients in collaboration with the MOH plastic surgeons.</li> <li>- IPD osteomyelitis activity in Dar El Salam hospital (bone sampling, orthopedic surgery, ATB, pain management).</li> <li>- Bone samples microbiology lab in Rantisi Hospital.</li> </ul>	<p>Hospital Level:</p> <ul style="list-style-type: none"> <li>- MSF F contingency plan is activated upon trigger events, in close coordination with the MoH Hospital needs.</li> </ul>

	<ul style="list-style-type: none"> <li>- Referral of trauma, Maxilo-facial and plastic cases in Amman reconstructive surgical hospital.</li> </ul>	
<b>MSF B</b>	<ul style="list-style-type: none"> <li>- Pre-, intra- and post-operative care within Al Awda Hospital, for Limb reconstructive surgery, physiotherapy, dressing, mental health support and osteomyelitis treatment.</li> <li>- Support Indonesian MoH Hospital for certain types of pediatric trauma, orthopedic and plastic cases.</li> </ul>	<p>Hospital Level</p> <ul style="list-style-type: none"> <li>- MSF B contingency plan is activated upon trigger events, in close coordination with the MoH Hospital needs, within Al Awda Hospital</li> <li>- Emergency Stock available to be released upon need.</li> </ul>
<b>MAP-UK</b>	<ul style="list-style-type: none"> <li>- Weekly online international virtual consultations for national staff, focusing on LR procedures, breast cancer, general surgery, colorectal cancer.</li> <li>- Deployment of specialised cell emergency medical teams for trauma and non-trauma cases.</li> <li>- Blood Bank and laboratory support in Shifa Hospital</li> <li>- Primary Trauma Care training programme, since 2008, for MoH Health Personnel, with an estimate of 1000 beneficiaries to date.</li> </ul>	<p>Hospital and Community Level</p> <ul style="list-style-type: none"> <li>- Preposition of supplies for the optimal management of Trauma and Emergency at Al Awda hospital: Upon trigger event, these supplies can be shared with MoH through the CDS</li> </ul> <p>Non-food items stocked in warehouse for the support of displaced population because of any Emergency</p>
<b>UHWC</b>	<ul style="list-style-type: none"> <li>- Trauma care during any kind of emergencies</li> <li>- Three emergency assistance teams in support of MoH trauma activities</li> <li>- Support of Kamal Odwan MoH hospital to cover 50% of surge in emergencies.</li> <li>- Partnership with MSF B for LR procedures.</li> </ul>	<p>Hospital Level</p> <ul style="list-style-type: none"> <li>- Preparedness for response to any emergency with fixed staff, as well as with a group of more than 70 volunteers.</li> <li>- Stock of supplies enough for 3 months at normal situation and for 1 month in emergency</li> <li>- The 2020 hospital emergency plan has been adequately updated.</li> </ul>

		<ul style="list-style-type: none"> <li>- There is an agreement of support from MAP UK and MoH in case of escalation.</li> </ul>
<b>PMRS</b>	<ul style="list-style-type: none"> <li>- Follow up of GMR patients</li> <li>- Provision of assistive devices for disabled patients</li> </ul>	<p>Prehospital and Post-Hospital Level</p> <ul style="list-style-type: none"> <li>- Mobile team ready to provide medical services within the community and/or in shelters if needed.</li> </ul>
<b>WHO</b>	<ul style="list-style-type: none"> <li>- Technical support and guidance to MoH</li> <li>- Coordination through the TWG</li> </ul>	<p>Prehospital, Hospital and Post-Hospital Level</p> <ul style="list-style-type: none"> <li>- Procurement of supplies for the replenishment of TSPs.</li> <li>- Coordination with international EMTs supporting EMT CC.</li> <li>- Distance – training for 250 prehospital health Care providers.</li> <li>- Technical support, guidance and procurement of material for the MoH LRU.</li> <li>- Material and consumables for the MCI expansion of 5 Gaza MoH Emergency Departments.</li> </ul>

<b>Trauma preparedness needs and gaps</b>	
<b>MoH</b>	<ul style="list-style-type: none"> <li>- The response plan for a combined surge of casualties amidst a possible Gaza COVID 19 outbreak is not yet fully prepared.</li> <li>- No centralised point of command for the ambulance activities, accessible to all partners.</li> <li>- Digitalization of ambulance records.</li> <li>- Protocols and guidelines for ED procedures do not cover the entire spectrum of ED activities.</li> <li>- Triage in ED level is not applied in day-to-day care, extensive training along with minor infrastructure change in EDs could improve Triage applicability.</li> <li>- Absence of ED specialists.</li> <li>- Need for standardization of ED policies and procedures</li> <li>- Need for improved electronic ED documentation</li> </ul>

<b>PRCS</b>	<ul style="list-style-type: none"> <li>- Urgent need for a centralised Gaza Ambulance Dispatch Centre</li> </ul>
<b>MAP - UK</b>	<ul style="list-style-type: none"> <li>- Funding for the continuation of ongoing activities</li> <li>- Increased cost of consumables, during COVID 19 times imposes further diminishment of buying power.</li> </ul>
<b>UHWC</b>	<ul style="list-style-type: none"> <li>- Shortage of equipment and supplies, as well as delay in the supply chain because of COVID 19</li> <li>- Insufficient number of available ambulances.</li> <li>- High running cost becomes even higher in COVID 19 times (200.000 just for salaries for 450 staff)</li> <li>- Al Awda Hospital Emergency Department in need of renovation.</li> </ul>
<b>PMRS</b>	<ul style="list-style-type: none"> <li>- Shortage of manpower.</li> <li>- Shortage of D&amp;D.</li> <li>- Experience from previous disasters has shown that trained volunteers are not able to support the upcoming needs in a timely manner.</li> </ul>