Staff Qualifications for Providing Ventilation during Mass Toxicology Event

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A toxicology event is one of the most frustrating events that can face a medical staff. There is difficulty in identifying the cause in real time, the influence on multiorgan systems, as well as the number of injuries. This creates a challenge for medical staff anywhere in the world.

The state of Israel, with its uncertain security situation, must deal with this issue, not only in theory, but also with an operational program that can be implemented in real time.

The Medical Center's management assumed that, with most of the scenarios of a mass toxicology event, the Medical Center may be short of workers, as well as technological devices such as respirators. Therefore, the Center for Resuscitation and Emergency Medicine Education (CREME) of the Tel Aviv Sourasky Medical Center (TASMC), developed a qualification program for nonmedical staff in the Medical Center to be used as ventilators in emergencies situation. The program provides ongoing teaching and simulation for laboratory technicians to change their role. The course includes lectures and simulations of Basic Life Support and Airway Management. It continues one day, and is refreshed every three months. The participants include 180 laboratory workers of the Medical Center.

This paper presents the program as well as the evaluation of these activities after one year with updated knowledge.

Key words: curriculum; emergencies; evaluation; laboratory personnel; nonmedical staff; toxicological event; training; ventilation

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French Teaching Method to Export Disaster Medicine to Foreign Countries

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Devastated by numerous disasters, Cameroun recognized its need for disaster planning and requested assistance from Doctor X. Emmanuelli, president of SAMU Social. SAMU Social is an organization in France that provides health care access to those for whom it is not usually available. SAMU then creates partnerships with faculties already involved in teaching Disaster Medicine, such as the Faculty of Créteil.

This team addressed the issues and developed a plan to identify the groups who must be involved. The course is open to doctors, nurses, technicians, and administrators. These groups are selected cooperatively by the SAMU Social International and the University of Yaoundé.

"Teaching the Teachers" is a two-year program that trains health care professionals to be the teachers of Disaster Medicine in a particular country. The program consists of 16 three-day sessions. Each session is similar in format. The morning program uses lectures to outline the goals of the three days and how the goals would be met. Step-by-step evaluation from research is carried out between sessions. The afternoon program is comprised of small group workshops. The workshops focus on problems that are specific to Cameroun. At the end of the three-day session, the participants are given tasks for the next session. After completing one year, participants are required to prepare a report on their area of expertise. During the second year, participants must attend a mock disaster drill in France. During these two years, other groups and organisations such as civil defense, Ordre de Malte, and/or the Ministry of Education may be invited to participate in specific sessions to create educational programs for a broader population. Certification takes place at the completion of the two-year program.

It would be essential for international aid groups to assist Cameroun in making the transition from their dependence on France to independence.

Key words: certification; civil defense; curriculum; disaster; Disaster Medicine; course development; education; population; teachers; teaching;
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Automated External Defibrillator Use during Cardiopulmonary Resuscitation in a Workplace

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Introduction: Automated external defibrillation, a new link in the chain of survival, should reduce the mortality rate after prehospital cardiac arrest. In association with basic cardiac life support, automated external defibrillator can be used by individuals other than physicians during cardiopulmonary resuscitation. Early defibrillation can be performed by bystanders in a workplace as in the following case.

Case report: A 50 year-old man presented with sudden cardiac arrest in his workplace. Basic cardiac life support was performed by trained bystanders 3 minutes later. Defibrillation was delivered by automated external defibrillator 7 minutes later with successful conversion to spontaneous circulation. The patient was admitted to a cardiology intensive care unit. Angiography performed 1 hour after recovery diagnosed acute myocardial infarction, which was treated by angioplasty. Outcome was favorable, the patient was discharged home four days later with a discreet disorientation to time and place.

Conclusion: The time interval before the delivery of the first shock clearly is a determinant for survival after prehospital cardiac arrest. Use of an automated external defibrillator, by individuals other than physicians, in the chain of survival, can contribute to an earlier defibrillation. It can be useful in workplaces after specific and basic cardiac life support training.