Study/Objective: To study the lessons learned from the joint deployment.

Background: On April 16th, 2016, at 6:58 pm, an earthquake of 7.8 Richter scale, hit west of Ecuador. As a result 673 people died, 4,859 injured, 8,000 displaced, 51 health care facilities damaged, and 593,000 persons had reduced access to health care services. The Canadian Red Cross together with the Ecuadorian Red Cross deployed (on April 20th) Emergency Medical units to support the affected population. The units were deployed in Jama and El Matal, and later moved to Pedernales, where they stayed until September 30th when the services were taken over by the Ministry of Health (MoH).

Methods: Data was collected from the unit’s statistics, as well as from the operation’s debriefing.

Results: A total of 46,356 patients have been treated in the fixed facilities and the mobile clinic. There were 31,821 (68.6%) patients for internal medicine, 3,039 patients with GOB (mass or lump) needs (6.5 %), and Odontology needs became an issue with 3,137 (6.7 %).

Conclusion: Successful joint deployment of an International and National team. Hand-over of the EMU from the Canadian RC to the Ecuadorian RC serves as crucial local capacity building for the ERC for future disasters. The Ecuadorian Red Cross High Technological Institute, the biggest training school for paramedics in the country, served as a major resource in the response (initial and long term) allowing the deployment of more than 2,000 persons to the affected areas. This earthquake has been the only large scale disaster the country has faced in 10 years. The response capacities have been increased significantly post disaster.

Monitoring the Well-being of AusMAT Members
Deployed to Fiji following Tropical Cyclone (TC) Winston
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Study/Objective: To monitor the well-being of Australian Medical Assistance Team (AusMAT) members deployed to Fiji following Tropical Cyclone (TC) Winston.

Background: The AusMAT response to TC Winston resulted in small teams across a variety of locations. Due to the limited day to day visibility and communication with individual team members, oversight of team welfare was likely to be challenging.

Methods: An anonymous electronic survey, the AusMAT well-being questionnaire1, was completed by team members following each work shift during deployment. The questionnaire assessed perceptions of physical workload, weather conditions, body temperature, symptoms of heat stress, access to food and fluids, fatigue and sleep factors. Responses were compiled by the National Critical Care and Trauma Response Center, ensuring anonymity of responses. A brief report consisting of two paragraphs, overall trends and recommended actions, was compiled for the mission lead on a daily basis.

Results: An example of the overall trends summary from day 3 is provided.

- ~35% of the team reported hot working conditions.
- ~50% of the team reported feeling moderately to severely hot during shift.
- ~15% of the team reported severe to extreme fatigue post shift.
- ~30% of the team aren’t able to get out of the warm/hot conditions during their down time.
- ~40% of the team reported warm sleeping conditions but overall sleep data is acceptable.