Preparing and Training Rehabilitation Professionals for Deployment in Disasters

The example of the UK International Emergency Trauma Register

Peter Skelton
Why?

“Rehabilitation specialist support embedded within the team can offer triage and peri-operative advice as well as rehabilitation post surgery, and have been shown to reduce length of stay.”
  (Norton et al 2013)

“Surgery provided without any immediate rehabilitation can result in a complete failure in restoring functional capacities of the patient.”

“Early rehabilitation can greatly increase survival and enhance the quality of life for injured survivors.”
  (Sphere 2011)
How Best to Respond?

- Strengthen Foreign Medical Teams?
- Strengthen national emergency teams?
- **Strengthen existing service providers?**

It is clear that the biggest impact comes from increasing the capacity of local service providers to respond effectively to disasters. However there will remain a need for national and international support.
FMT Guiding Principles

a. The FMT provides safe, timely, effective, efficient, equitable and patient centred care

b. The FMT offers a “needs based” response according to the context and type of SOD in the affected nation

c. The FMTs adopt a human rights based approach to their response and ensure they are accessible to all sections of the population affected by the SOD particularly the vulnerable.

d. The FMT undertakes to treat patients in a medically ethical manner consistent with the World Medical Association Medical Ethics Manual

e. All FMTs are accountable to the patients and communities they assist, the host government and MoH, their own organisation and donors.

f. FMTs commit to be integrated in a coordinated response under the national health emergency management authorities, and collaborate with the national health system, their fellow FMTs, the cluster and the international humanitarian response community.
The UK Emergency Medical Team

- A rapid response emergency medical team, funded by the UK government, with a register of specially trained UK medical staff run by UK-Med and with a field hospital and logistical support provided by Save the Children.

- Handicap International train and integrate Rehabilitation Professionals into the register for rapid deployment, and deploy an advisor with the forward team.
Rehabilitation professionals trained by Handicap International are added to the UK International Emergency Trauma Register trained and operated by UK-Med. In the event of a natural disaster, they are deployed to the disaster zone with a logistics platform or field hospital provided by Save the Children and Merlin.
Progress so far

- Over 100 PTs and OTs (13%) registered with UKIETR. 78 have now completed core training.
- Rehab Project Manager in initial deployments to Philippines, Gaza and Nepal
- Three multidisciplinary teams deployed to Gaza and three to Nepal.
- Training development complete – manual on its way, elearning under development.
- WCPT guidance on physiotherapy in emergencies nearing completion
- WHO FMT rehabilitation guide being written in 2 weeks
Training

You cannot simply apply your normal practice in an austere emergency setting.
Training opportunities

For all:
- Essential UK Med Pre-deployment course
- ‘under canvas’ course including modified HEAT course.
- Logistics course
- Elearning on humanitarian principles, safety and security

For rehab:
- 3 day highly specialised core rehab training
- E-learning modules
- 1 day specialised top up trainings
  - Amputation
  - PNI and splinting
  - SCI

We also contribute to the surgical training course
<table>
<thead>
<tr>
<th>Time</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>9am</td>
<td>Introduction to rehab and the UKIETR</td>
<td>Nerve Injury</td>
<td>Amputees</td>
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<tr>
<td>10.50am</td>
<td>Coffee</td>
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<tr>
<td>11am</td>
<td>Humanitarian Rehab, Deployment Experiences</td>
<td>Psychological First Aid</td>
<td>Emergency Wheelchair</td>
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<td>12am</td>
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<td>Humanitarian Scenarios</td>
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<tr>
<td>1pm</td>
<td>Lunch</td>
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<td>2pm</td>
<td>Fractures</td>
<td>Brain Injury</td>
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<tr>
<td>3pm</td>
<td>SCI</td>
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<td>Emergency Wheelchair</td>
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<td>4pm</td>
<td>Burns and Plastics</td>
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<td>Humanitarian Scenarios</td>
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<td>5pm</td>
<td>Feedback and Questions</td>
<td>Feedback and Questions</td>
<td>Feedback and Certificates</td>
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<tr>
<td>6pm</td>
<td>Group Dinner – Ev 97-99 Isabella Street, London SE1 8DD</td>
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<td>7pm</td>
<td>Group Dinner – Lord Nelson – 243 Union Street, London SE1 0LR</td>
<td>Group Dinner – Lord Nelson – 243 Union Street, London SE1 0LR</td>
<td>Finish</td>
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Practical Training

1 day courses on splinting, Amputation and SCI
Competence Based

Essential clinical skills developed to UK best practice standards and completed as self rated “confidences” in each training area.
Allows us to look at individual competence, and training needs across the group
Simple cross cultural patient education materials

**Positions to avoid:**

- [X] Pain

   It is common to feel pain in your limb and sometimes in the limb that is no longer there (called phantom limb pain).

   Tell your doctor if you are in a lot of pain.

**Phantom Limb pain**

This is because your brain has not adjusted to the amputation yet.

You may also have feelings such as itching or tingling.

This is normal and is known as 'phantom limb sensation'.

These feelings can be worse if you feel stressed or for other reasons e.g. dressings.

**Information for You and your Family Following Amputation**

*Controlling Your Swelling and Pain*

www.handicap-international.org
A Training Manual to Support Rehabilitation Following Sudden Onset Disasters

UKIETR Rehabilitation Clinical Manual

Edited by Peter Skelton and Alice Harvey
How it works

A two tier system:

1. A register of all interested professionals, their skills and experiences

2. A cohort of experienced individuals who have gone through humanitarian and clinical training who form part of on-call teams or specialist cells
Suitable profiles for the Rota

• Broad acute trauma skills, but with other opportunities for those with highly specialist skills
• Demonstrable experience of working in a high pressure environment
• Experience of humanitarian or development experience an advantage
• Must have attended core trainings.
AusMat Hospital: 4 day snapshot

- 150-250 patients seen in the AusMat hospital per day
- Up to 30 surgeries per day
- 46 patients assessed by the physiotherapist
- 83 Rehabilitation Sessions delivered
UKIETR Response Gaza

August 2014-February 2015
Nepal Earthquake
Response

- Immediate deployment of 1 doctor, 1 nurse, 1 physiotherapist from within the first UK team to local spinal injury centre of excellence.
- Procurement of 60 additional beds and medical consumables
- Also initially involved in identification and transfer or high risk patients
3 additional teams from the UKIETR – nursing and rehabilitation spinal injury specialists

Objectives:
1. Provide surge capacity
2. Support SCI outreach to trauma centres
3. Support the training of new staff at SIRC

Team in place to support evacuations during the second earthquake
Meanwhile...

• UK team also took on coordination of the rehabilitation and injury sub cluster at the request of WHO

• Supporting the coordination of the overall response while helping the government to strengthen its position and develop a 2 year recovery plan from the beginning.

• Additional clinical specialists in amputees and trauma/orthopaedics deployed to support rapid assessment and clinical training.
Finally... EXIT STRATEGY

As a short stay emergency team, in all situations have a clear mandate, responding to a local request, and most importantly with a clear exit strategy in place.

From a rehabilitation perspective, you must also build capacity as you wont be there forever.

Without these, we DO NOT get involved.
Above all, we’re keen to work with other teams who are looking to integrate rehabilitation, and to strengthen national responses.

Contact peter.skelton@hi-uk.org