



# *Dilemmas in Emergency Management & Response*

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# **Dilemmas in disaster preparedness**

## **Provision of medical services**

- Should community clinics remain open?

## **Provision of medical services**

- Operating “unified clinics” in conflict zones, that served members of all Health Funds
- Other clinics & secondary healthcare services were opened gradually
- Evacuation of disabled to medical institutions

## **Provision of medical services**

- Should medical services be provided in homes / shelters or only in primary care clinics?

# Provision of medical services

- A combination of the two options
  - Unified clinics
  - Mobile medical teams in response to requests

## Provision of medical services

- Should medical personnel be compelled by law to report to duty?
- What sanctions should be made against healthcare workers who don't report to duty?

## Special State of Home Front

- Activating designated 'Emergency Status' in conflict zones, by governmental decree:
  - Employees are required to report to places of employment by law
  - Eliminates need to operate according to routine hours and work conditions
  - Sanctions are defined by law

*The law was not found to be  
the optimal  
incentive to raise compliance*



## Standards of care

- Should elective surgery be stopped during emergency?
- Who should make the decision? (hospital? MOH? Other?)

## Standards of Care

- Coordination of operations of all medical institutions made by the Ministry of Health
- Strategic direction of operations made by the Supreme Health Authority
- A national command & control center operated 24 hours a day to monitor needs and availability of resources
- Elective surgery continued throughout the conflict period

# Triage

- Should casualties be triaged only to level I trauma centers or should all hospitals acquire trauma experience?

# Triage

- Immediate casualties evacuated to level I trauma centers
- Delayed casualties referred to level II trauma centers
- Secondary relocation of casualties, following stabilization

## Secondary relocation

- What should be the criteria for secondary relocation of casualties?
- Should the casualty's family requests be considered in making the decision for secondary relocation?
- Should their wishes overcome the needs of the healthcare system?

## **Secondary relocation**

- Minimizing patient load
- Maintaining vacant beds for potential casualties
- Consideration of family requests, if possible

# Ethics

- Should organ transplants be performed during emergencies?

# Ethics

- Organ transplants multiplied during the conflict



## **Mental health services**

- Should acute mental health services be provided in hospital or community level?

## Mental health services

- Reinforcement of personnel from community services to hospitals to enable operation of ASR sites
- Operating ASR sites in communities:
  - Limit overload of hospitals
  - Beneficial for continuous treatment of the victims
  - Diminishes needs for evacuation resources
- Raises resilience of population in conflict zone & response to stress victims

## **Protection of patients and staff**

- Should hospitals use non-sheltered areas - before or after full use of surge capacity of sheltered zones?

## **Protection of patients and staff**

- Relocation of patients to sheltered areas
- Strengthen protection of medical centers' wards and vital elements
- Use of non-sheltered zones only after maximizing surge capacity
- Protect & ensure safety of workers and families

# Evacuation of hospitals

- Should civilian resilience be a consideration in decision-making regarding evacuation of hospitals?

# The 1<sup>st</sup> dilemma: Evacuation of hospital (2006) Mazra

- Psychiatric hospital – 385 beds
- Serves a population of ~750,000 residents
- Provides comprehensive psychiatric services from acute crisis intervention to rehabilitation
- Situated within range of missiles
- No structural protection to the infrastructure
- The civilian population in the region was not evacuated

*Should the hospital be evacuated?*

# Elements under consideration

- Safety of patients & staff
- Consequences of transfer of patients to other facilities
- Needs & resilience of the population
- Psychological impact on the community

*Continue provision of services and  
avoid demoralization of the  
community*

# Evacuation process

- The hospital was directly hit on July 29th
- 50 patients were evacuated on the 29<sup>th</sup>
- 170 patients along with the staff were evacuated the next morning
- As a result of precautions, no physical injuries incurred
- No other damages were caused to the infrastructure up to the end of the conflict



# Characteristics of Nahariya hospital

- Acute care medical center – 627 beds
- Sheltered facilities for ~450 patients
- During Gaza incursion, missiles fired from Lebanon targeted Nahariya
- Population directed to stay “near” shelters
- Evacuation of patients from non-protected rooms to underground facility takes ~ 2 hours

*Should the unprotected wards be evacuated?*

# MOH decision

Not to evacuate patients to underground shelters



*Why?*

# Elements under consideration

- Social fortitude impacts on community resilience and must be considered in the decision-making
- Implementing response models should be based:
  - Ongoing evaluation of status of the healthcare system
  - Up to date information regarding risks and potential consequences to the population
  - Mechanisms to support decision-making
  - Supervision over implementation of decisions made
  - Flexibility to modify decisions, based on evolving situations

# Policy of Israeli Ministry of Health

Taking into consideration the community resilience, all measures should be taken to avoid evacuation of medical institutions during emergencies

## Information to the public

- Can and should we control information relayed to the public during war times (for example, regarding risk for chemical warfare, forecast of risk areas, estimated casualties)?



## Information to the public

- Information regarding availability of services should be available in all information centers
- Information regarding casualties disseminated to city councils and police
- Information regarding potential threats must be disseminated by professional representatives of the medical system

# Emergency Preparedness – The C Model

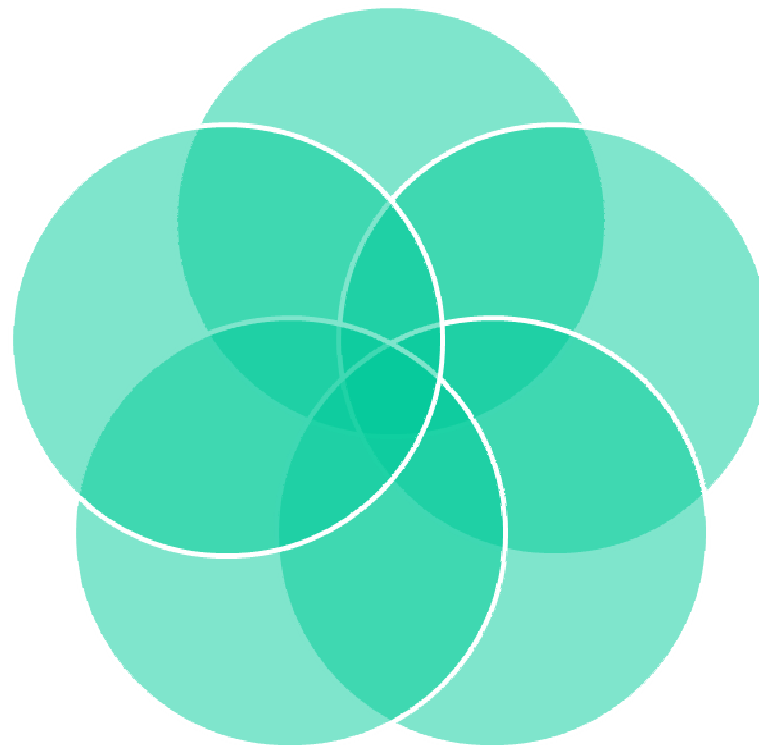
**Comprehensive  
contingency  
planning**

**Capacity  
Building**

**Command of  
operations**

**Coordination &  
cooperation**

**Central  
control**





## Conclusions

*Effective preparedness for emergencies necessitates:*

- \* Constant alert*
- \* National control & coordination*
- \* Continuous debriefing & learning lessons*
- \* Integrative operations*
- \* Preplanning*





**Thank You !**

## **Provision of medical services**

- Where should medications for chronic patients be allocated?

## **Provision of medical services**

- Supply of medications to shelters by volunteers from the local authorities
- Simplifying allocation of medications to chronic patients based on HMO database
- Allocation of prescription drugs in hospitals
- Publicizing information on available services