



Forum Risk Management

obiettivo sanità salute

26-29 NOVEMBRE 2024
AREZZO FIERE E CONGRESSI

19

L'ospedale da campo chirurgico negli aiuti internazionali

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Direttore Dr. Mario Raviolo





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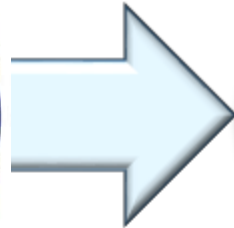


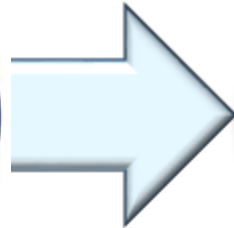
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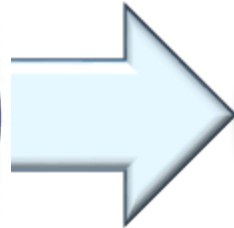
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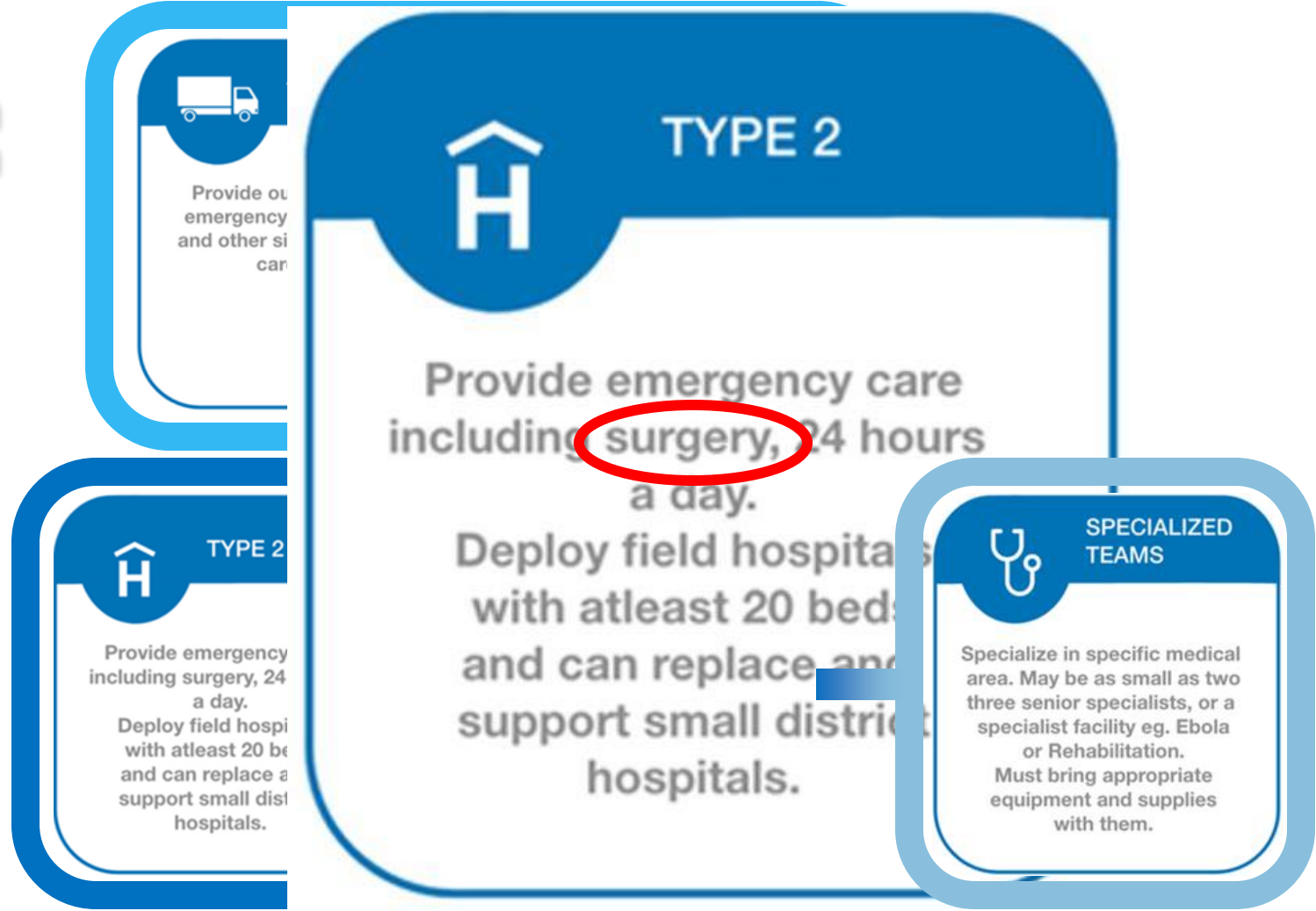








II «BLUE BOOK»
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Classification and minimum standards for emergency medical teams		Annexes
<p>Annex 4. Core standards checklist</p> <p>This annex presents a checklist describing the core standards and the key priority areas that compose them. It is meant to guide teams in self-assessing and developing their structures and processes to better comply with the core standards.</p>		
Descriptor		Status (Y/N)
Governments and organizations that deploy EMTs must have an administration and management system in place to ensure the policies, strategy and leadership of their organization is set up in such a way as to be able to form, finance and safely deploy an EMT within the time frames they have declared.		
Key areas		Status (Y/N)
Policies and documentation		
1. Central repository of documents, policies and SOPs or an operational manual accessible to team members that cover aspects of the guiding principles, standards and technical SOPs applicable to their type and size.		Y/N
Organizational leadership		
2. Clear leadership structures to manage strategy and organizational stewardship and to decide on deployment in the shortest possible time frame during emergencies.		Y/N
Finance and fundraising		
3. Financial structures and governance in place for maintenance of EMT capacity in an ongoing state of readiness, as well as rapid access to funds to deploy within the time frames the team has declared.		Y/N
4. Fundraising in accordance with agreed ethical standards that does not inappropriately use patients or clinical images.		Y/N
Risk management, safety and security (at institutional level)		
5. Strategies and systems to ensure deployments are preceded by planning and risk assessment and that risk management, safety and security policies and procedures are followed prior to and throughout EMT deployments.		Y/N
Remote support for deployed teams		
6. The ability to support teams while deployed, through headquarters or other forms of remote support, including the management of resupply of staff and consumables as required and withdrawal and evacuations.		Y/N
Support to team members and their families		
7. Mechanisms for families of team members to pass information to their deployed family member and obtaining relevant updates.		Y/N
External liaison, media and communications		
8. Policies, procedures and designated staff managing external liaison with relevant ministries, other organizations and the media.		Y/N
Organizational learning and after action review		
9. The organization learns from its prior deployments and systematically reviews its activities to improve future operations.		Y/N
10. The organization contributes to a response-wide after action review when required to support not work-wide research and knowledge building after responses.		Y/N
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Descriptor		Status (Y/N)
Human resources (HR) make up the most valuable part of any EMT. A HR management system must be in place for an EMT to be operational and to ensure appropriate duty of care to its members. In the phases of pre-deployment, EMTs must have policies and procedures on deployment and post-deployment regarding such matters as staff recruitment, health screening and insurance. Team members should be asked to sign and respect a code of conduct. Policies on remuneration (or lack thereof), insurance (or equivalent) and indemnity cover for deployment should be clearly explained in the recruitment phase.		
Key areas		Status (Y/N)
Pre-deployment preparedness		
Recruitment, selection and health clearance		
11. Comprehensive recruitment, selection and screening process for EMT members, including physical and mental health checks to ensure fitness and suitability to deploy.		Y/N
Child protection checks		
12. Screening in place to ensure those with criminal records, or who pose a threat to those requiring protection, are screened out of the organization.		Y/N
13. Policies and procedures to certify that local staff can be hired or contracted if required and screened for the purposes of risk protection.		Y/N
Health preparedness		
14. Provide or ensure access to all relevant pre-deployment vaccinations, guaranteeing that team members will have completed full courses of and received any appropriate boosters prior to deployment to achieve full efficacy before reaching the field.		Y/N
Registrar database and roster management		
15. Comprehensive HR management system that considers the correct numbers and types of staff required to deploy the team in a timely manner, and with adequate skill mix (both clinically and related to deployment experience).		Y/N
16. HR database or equivalent that can maintain confidentiality but still provide all the required details for team selection and deployment, including access after-hours and during emergencies.		Y/N
17. A plan to rotate staff to guarantee experience and mentorship is provided to the next generation of responders while ensuring to minimize impact on quality and safety of care.		Y/N
18. Consider applying the rule of 1:5 ratio for number of team members per function in the roster, except for specialist care functions.		Y/N
On deployment		
Health, safety and well-being		
19. Chemoprophylaxis and personal protection from vectors according to context and risk assessment are available, such as bed nets and malaria prophylaxis in endemic regions.		Y/N
20. Access to safe water, food and adequate rest areas to ensure staff remain healthy throughout their deployment and in best possible fitness to carry out their duties.		Y/N
21. In field psychosocial support available to team members, either through peer-to-peer support (with appropriate training and monitoring) or through professionally trained personnel.		Y/N
22. Appropriate PPE for the designated work (such as standard precaution PPE for clinical staff or appropriate protection for those handling waste) are provided for team members and local hired staff.		Y/N
23. Arrangements in place for the care of team members' health and safety in the field, necessary insurances or compensation (medical, accident and life) relevant for the deployment context and include evacuation and exit strategies if required.		Y/N
Post-deployment		
Health post-deployment		
24. Team members are provided with the opportunity for debriefing, psychosocial support and clearance before being redeployed after an appropriate rest phase and medical follow up if needed.		Y/N
25. Team feedback at the post-deployment operational debrief should be used as an opportunity to review and improve team policies and training.		Y/N
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TYPE 2

Provide emergency care including surgery. Deploy field hospital with at least 20 beds and can replace and support small district hospitals.

Gestione di situazioni acute e medicina di base, chirurgia generale, ortopedica ed ostetrica per traumi e altre condizioni evento-correlate e NON evento-correlate.

Capacità: 100 accoglienze/giorno
1 Sala Operatoria:
- 7 interventi "maggiori" oppure
- 15 procedure minori al giorno;
20 letti di ricovero;
Attività 24 ore/24

Autosufficienza per almeno 3 settimane



14 EMT type 2

<https://extranet.who.int/emt/>
Nov, 2024



Spagna
Francia

4

PIEMONTE
TOSCANA



2

SALA OPERATORIA
 Farmaci e Consumabili
 Sicurezza elettrica
 Ossigeno
 Elettromedicali

POSTOPERATORIO
 Degenza ordinaria
 Terapia Intensiva
 Ossigeno
 Incubatrice neonatale

LABORATORIO
 Reagenti, test rapidi
 Banca sangue
 Catena del freddo
 Sicurezza biologica

RIABILITAZIONE

AMBULATORIO

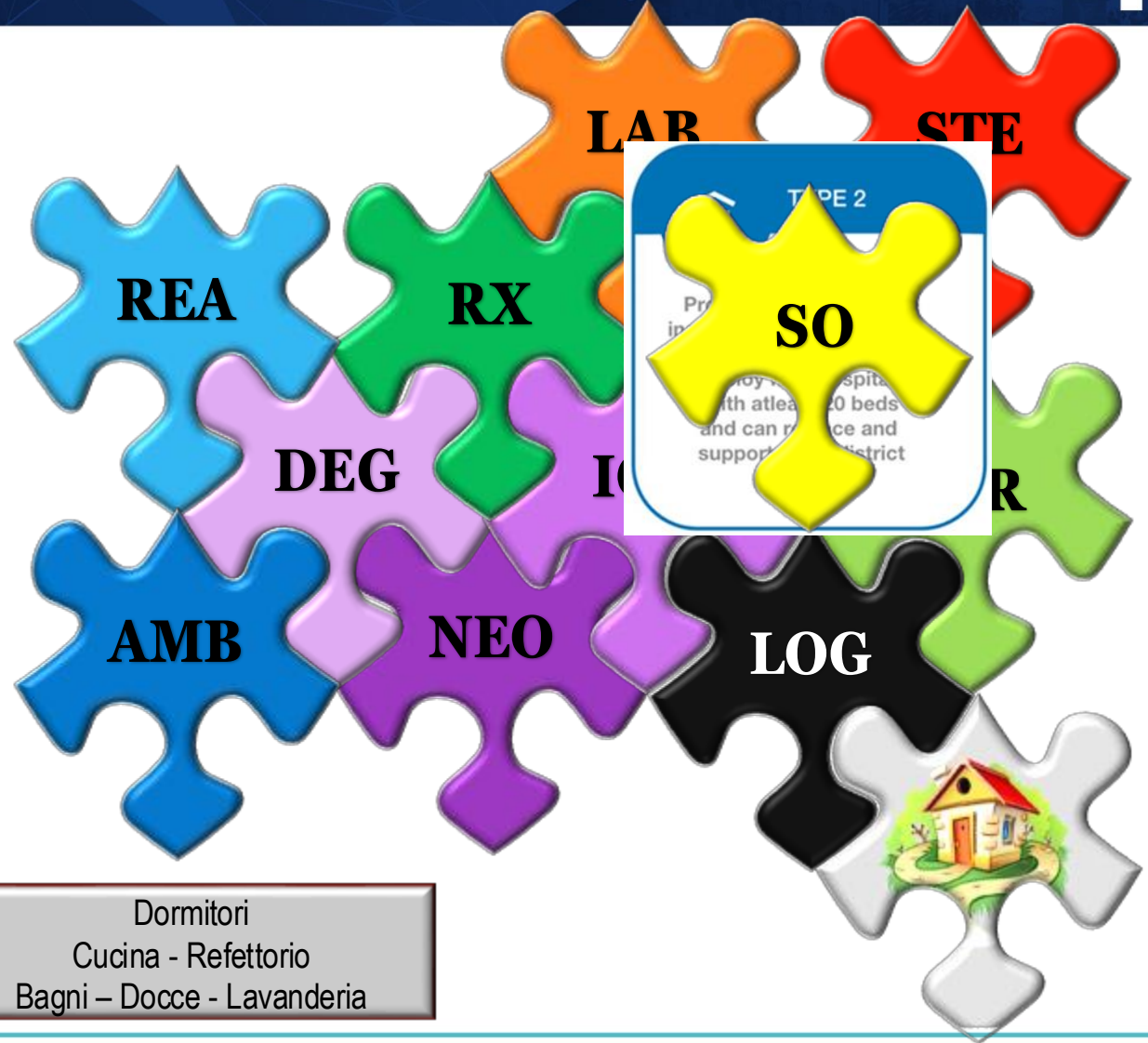
STERILIZZAZIONE
 Acqua, elettricità.
 Sicurezza biologica, chimica
 Sicurezza fisica

RADIOLOGIA
 Ecografia
 Arco a C (brillanza)
 Radiologico Portatile – TC
 Sicurezza radiologica

FARMACIA
 Farmaci e Consumabili
 Gestione scadenze
 Catena del freddo

LOGISTICA
 Elettricità
 Acqua
 Temperatura
 Produttore Ossigeno

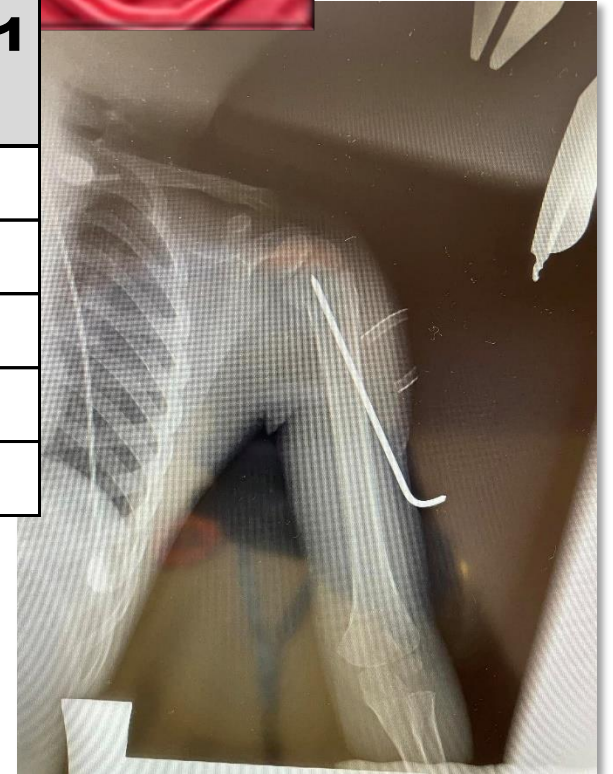
Dormitori
 Cucina - Refettorio
 Bagni – Docce - Lavanderia



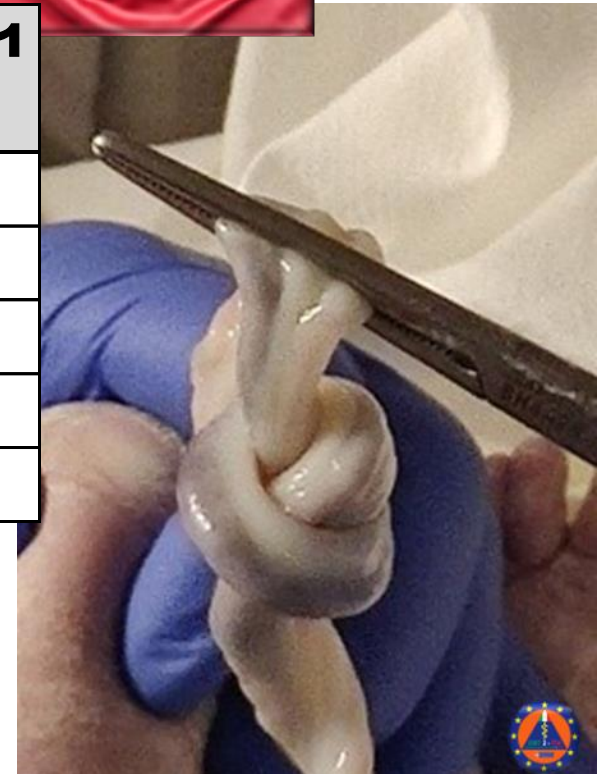


*EMT2 – ITA Regione Piemonte
Missione TURCHIA 2023*





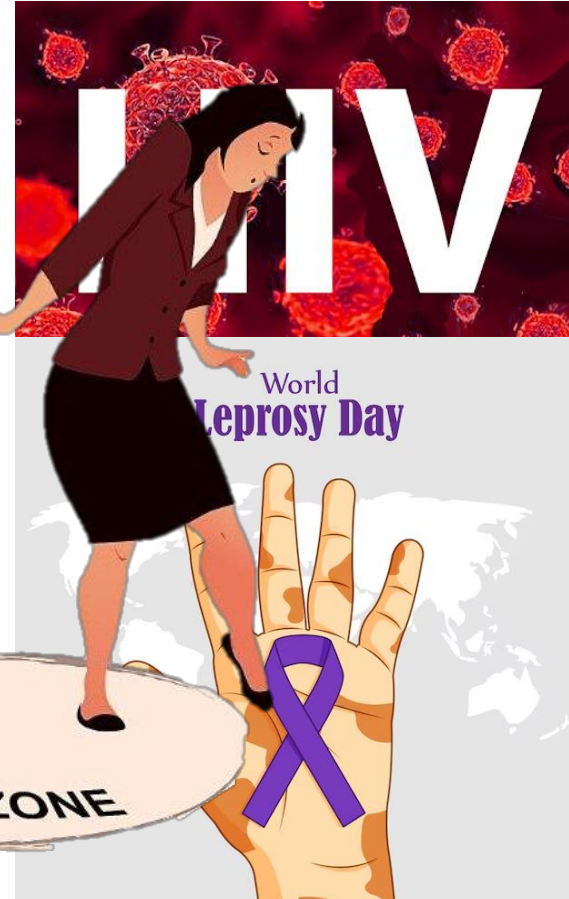
Total n: 61 (15 days)	Speciality	Total n: 51 (15 days)
27	Orthopedics	18
19	Gynecology	17
10	General Surgery	15
5	Plastic Surgery	0
0	Maxillofacial	1



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Ambiente «OSTILE»





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