

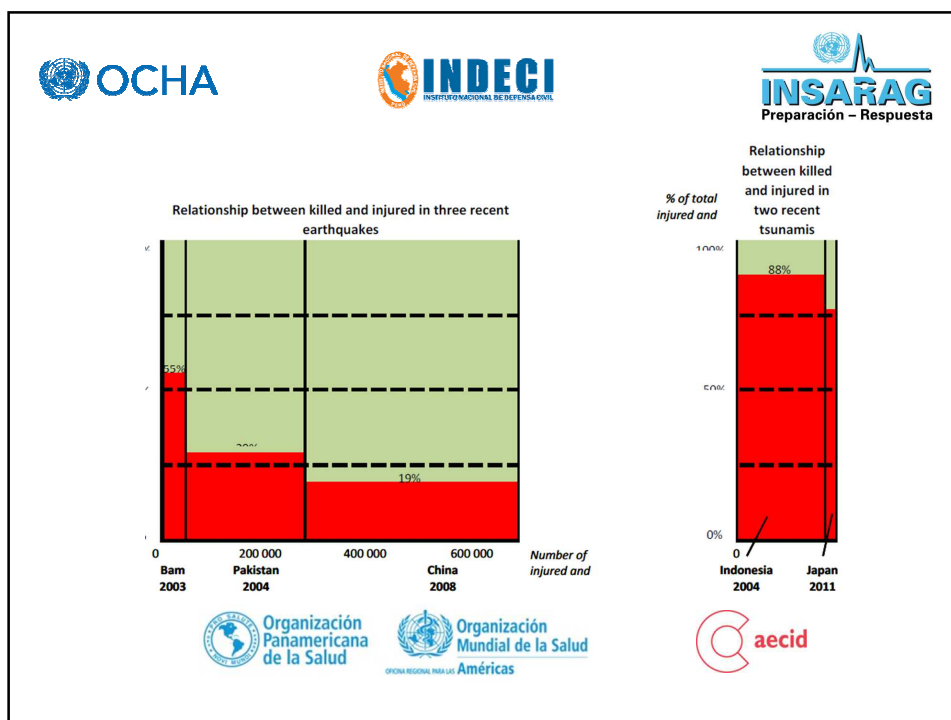
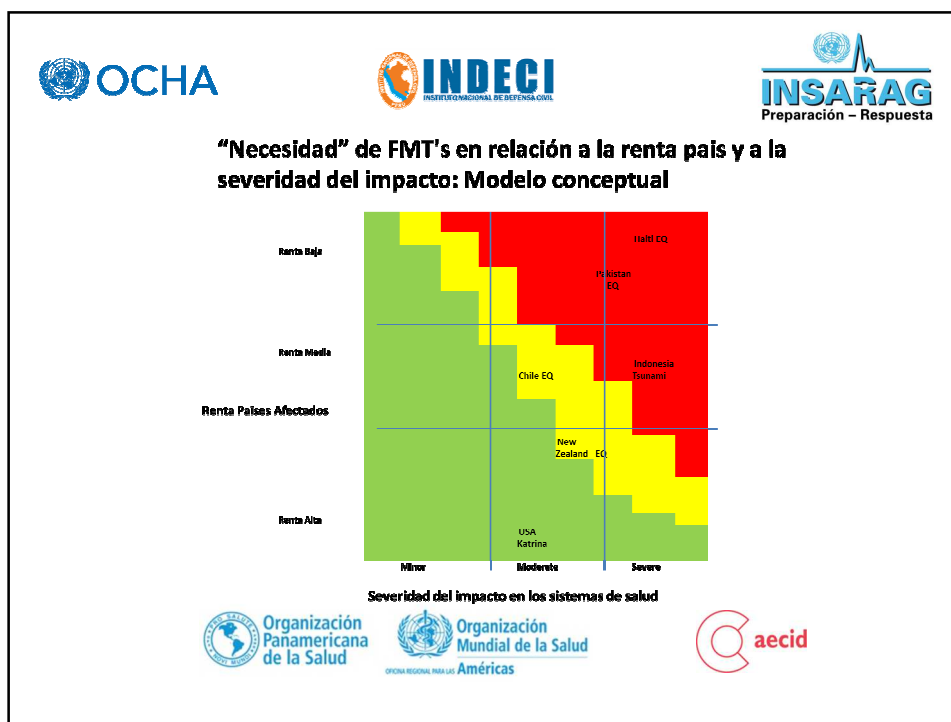


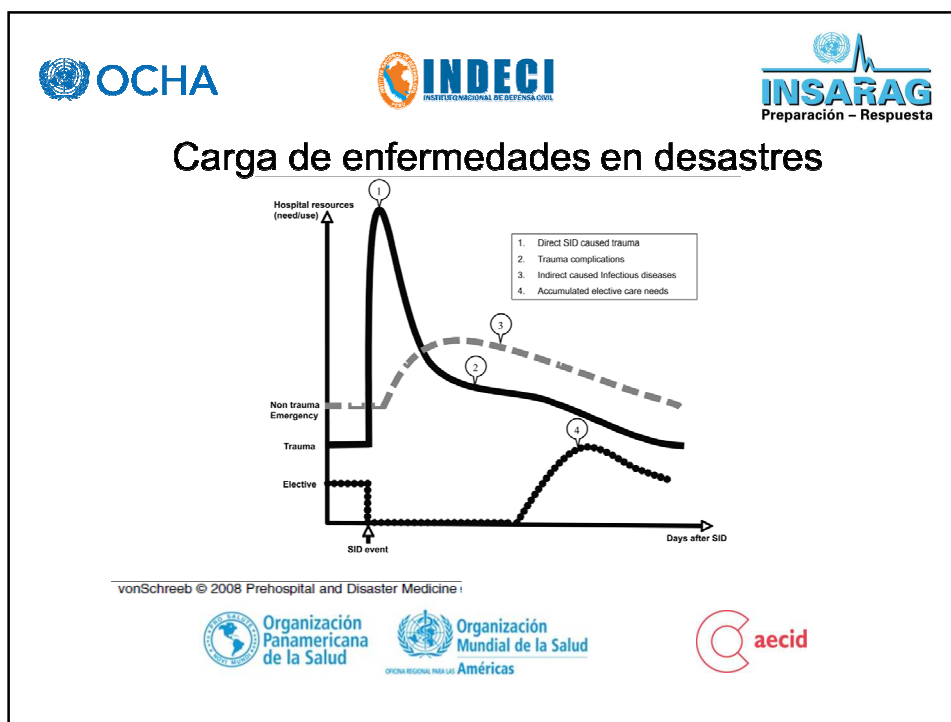
XIII Reunión anual del
Grupo regional de INSARAG en las Américas

Equipos Medicos Internacionales en la respuesta a Terremotos

Lima, Perú
15-17 de octubre del 2014
www.insarag.org







OCHA **INDECI** **INSARAG**
Preparación – Respuesta

Efectos esperados en desastres

(PAHO. Natural Disaster: Protecting the public's health. Washington, DC:PAHO,2000)

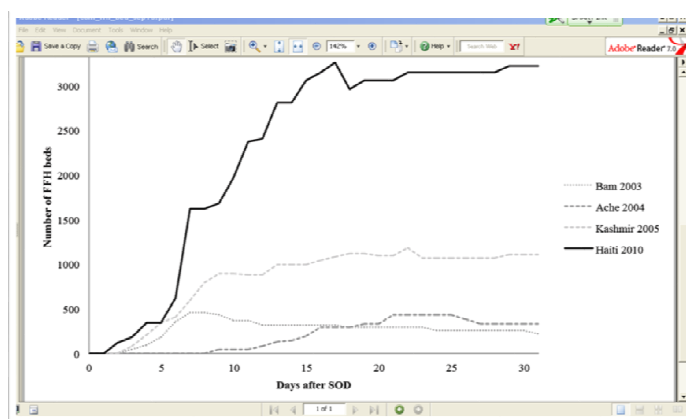
Effect	Earthquakes	Strong Winds	Tsunamis and Flash floods	Ordinary Floods	Landslides	Volcanic and Lava Activity
Loss of lives	High	Low	High	Low	High	High
Severe injuries requiring complex treatment	High	Moderate	Low	Low	Low	Low
Major risk of communicable diseases	Potential risk following all significant phenomena (Likelihood increases with crowding and the degradation of sanitary conditions)					
Damage to health facilities	Severe (structure and equipment)	Severe	Severe but localized	Severe (equipment only)	Severe but localized	Severe (structure and equipment)
Damage to water supply systems	Severe	Light	Severe	Light	Severe but localized	Severe
Food scarcity	Infrequent (generally caused by economic or logistical factors)		Common	Common	Infrequent	Infrequent
Large migrations	Infrequent (common in severely affected urban areas)		Common (Generally limited)			

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Comparación de recientes SODs y tiempo de llegada de hospitales de campaña



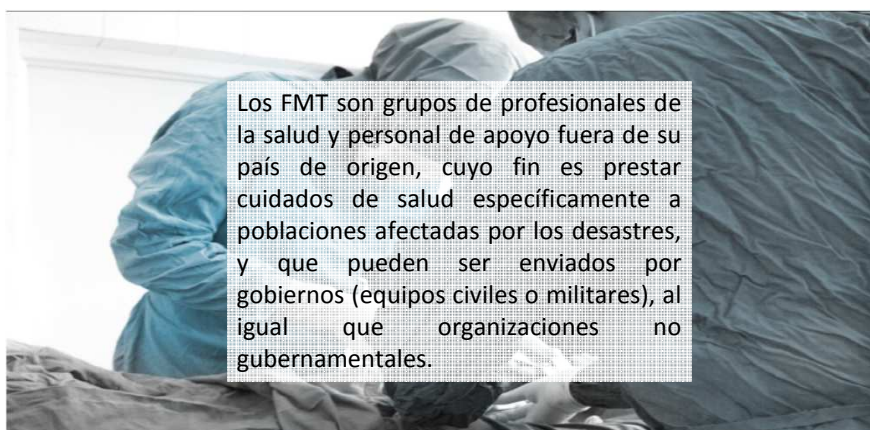
Principios básicos en el enfoque de la Iniciativa del FMT

- ✓ Una respuesta médica a desastres liderada a nivel nacional es la primera opción de atención médica, ya que en general es más rápida, más costo-efectiva y culturalmente apropiada; y
- ✓ Cualquier país afectado por un desastre tiene la soberanía y la responsabilidad de evaluar su propia necesidad de FMTs y coordinarles durante la respuesta al desastre.





Definición FMT



Los FMT son grupos de profesionales de la salud y personal de apoyo fuera de su país de origen, cuyo fin es prestar cuidados de salud específicamente a poblaciones afectadas por los desastres, y que pueden ser enviados por gobiernos (equipos civiles o militares), al igual que organizaciones no gubernamentales.



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Classification of and standards for Foreign Medical Teams

FMT Type	Definition	Services	Key Characteristics	Minimal Benchmark Indicators	Opening Hours
1. Outpatient Emergency Care	Outpatient initial emergency care of injuries and other significant health care needs	<ul style="list-style-type: none"> Triage, assessment, first aid Stabilisation + referral of severe trauma and non-trauma emergencies Definitive care for minor trauma and non-trauma emergencies 	<ul style="list-style-type: none"> Light, portable and adaptable Care adapted to context and scale Staffed & equipped for emergency care for all ages 	100 patients/day	Day time services
2. Inpatient Surgical Emergency Care	Inpatient acute care, general and obstetric surgery for trauma and other major conditions	<ul style="list-style-type: none"> Surgical triage, assessment and advanced life support Definitive wound and basic fracture management Damage control surgery Emergency general and obstetric surgery Inpatient care for non-trauma emergencies Basic anaesthesia, X-ray, blood transfusion, lab and rehab services Acceptance and referral services 	<ul style="list-style-type: none"> Use existing or deployable facility structures Clean operating theatre environment Care appropriate to context and changing burden of disease Multidisciplinary team experienced to work in resource scarce settings 	<ul style="list-style-type: none"> 1 operating theatre with 1 operating room: 20 inpatient beds 7 major or 15 minor operations/day 	Day and night services
3. Inpatient Referral Care	Complex inpatient referral surgical care including intensive care capacity	<ul style="list-style-type: none"> Capacity to provide type 2 services Complex reconstructive wound and orthopaedic care Enhanced X-ray, blood transfusion, lab and rehab services High level paediatric and adult anaesthesia Intensive care beds with 24h monitoring and ability to ventilate Acceptance and referral services 	<ul style="list-style-type: none"> Use existing or deployable facility structures Sterile operating theatre environment Enhanced multidisciplinary teams providing advanced care Care appropriate to support referrals from FMT1+2 and national health system 	<ul style="list-style-type: none"> 1 operating theatre with at least 2 operating rooms: 40 inpatient beds 15 major or 30 minor operations per day 4-6 intensive care beds 	Day and night services
Additional Specialised Care FMT	Additional specialised care cells within type 2, 3 or a hospital	<ul style="list-style-type: none"> Context specific specialist care supplementary to type 2+3 FMT services or local hospital Specialised services may include: Burn care, Dialysis and care for crush syndrome, Maxillo-facial surgery, Orthopaedic surgery, Intensive rehabilitation, Maternal health*, Neonatal and Paediatric Transport and Retrieval** * Units that may be self contained not embedded 	<ul style="list-style-type: none"> Responds to an expressed need for specialised services Embedded in and operates from FMT 2 or 3, national hospital or health system May for some services be self contained 	Depending on capacity	On request



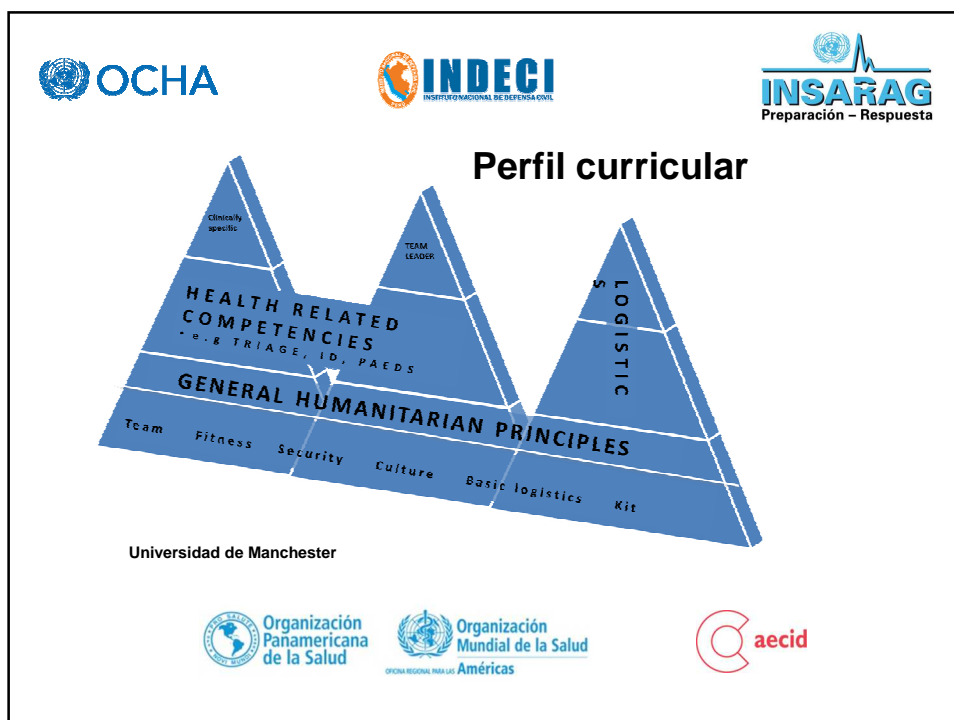
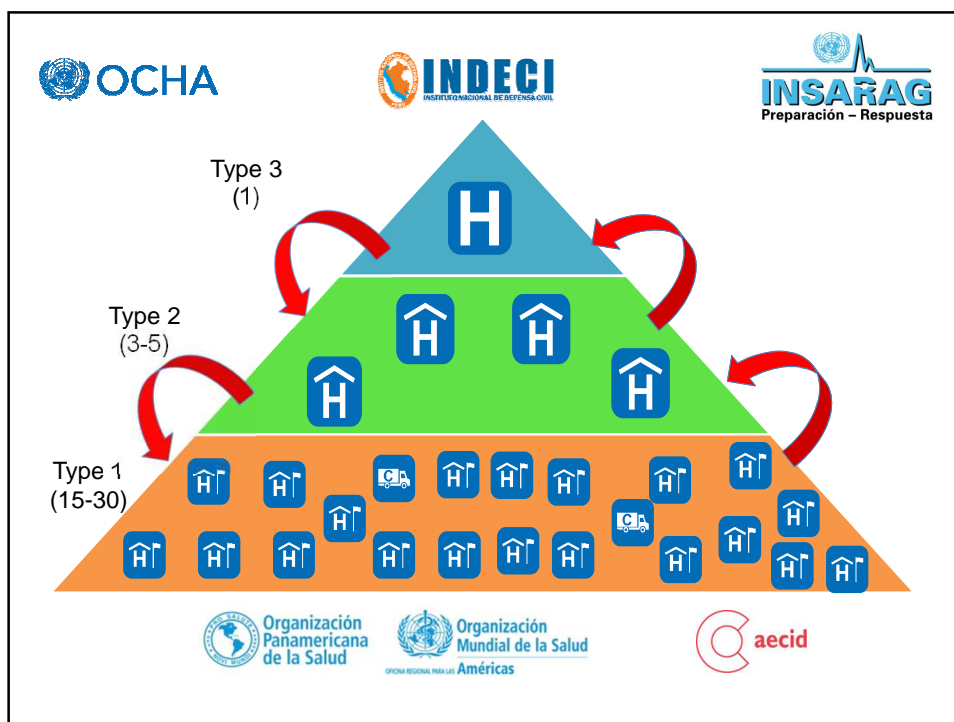
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Principios rectores

Estándares









Registro
















ESCENARIOS DE COORDINACIÓN (A NIVEL GLOBAL)

- ✓ MoH CON CAPACIDAD PARA COORDINAR: SOPs Y ONE-STOP-SHOP
- ✓ MoH DESBORDADO CON CLUSTER SALUD ACTIVO: APOYO STAFF OPS/OMS
- ✓ MoH DESBORDADO SIN CLUSTER SALUD ACTIVO:
 - APOYO UNDAC A TRAVES DE RDC Y OSOCC
 - FMTs MONTAN RDC Y CREAM CELULA COORDINACIÓN HASTA LLEGADA UNDAC O ACTIVACIÓN CLUSTER SALUD











Lecciones aprendidas











Retos



















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<http://www.unocha.org>



The International Search
and Rescue Advisory Group

<http://www.insarag.org/>