

Partnerships

Chairs: Demetri Pyrros, Judith Fisher

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This discussion began by reviewing of the notes from the preceding discussion. J. Fisher then described the reasons for this meeting, WADEM's goals, the reason for the development of WADEM chapters. All present introduced themselves.

The first topic discussed was preparedness for receiving assistance. This is a large area for exploration and is as a key issue.

Next, it was suggested that PDM is not the first choice among similar publications. This was attributed to the fact that universities use a score from Thompson's ISI (Institute for Scientific Information) which publishes the Impact Factor. It was suggested that more people should be made aware of PDM, and that being included in the Impact Factor would help accomplish this. PDM has applied to Thompson for rating.

Susan Speraw said that she needed help with having her graduate students—they need attachments, intense summer preceptorships, and must participate in major research projects. It is important that they publish their research. She also suggested that WADEM develop closer ties with NGOs.

Several delegates expressed the desire to have more information on the delegate list so that they can contact their peers. (*This was discussed with the organizers of the next congress. They will add a statement to the application form seeking permission to release personal contact details.*)

The panel then discussed knowledge dissemination. It was pointed out that distributing electronic information to NGOs is important to a health initiative. Previously, "Blue Boxes" were distributed—which were large crates of disaster publications that were sent to stricken areas. It was noted that the US Centers for Disease Control and Prevention provided a grant to the American Medical Association to study MasCal triage after Hurricane Katrina and was expanded into examining international issues of liability and more.

Lastly, a manufacturer mentioned that he felt guilty to be seen as interested in making a profit during disasters. However, he expressed desire to keep at the cutting edge to be more help to clients.

Participants

Simon Pennells—TSG Associates

Tarak Banerjee—West Bengal Voluntary Health Assistance

Maria McMichael—Publisher, LWW

Mary-Lou White—AMA

Liz Knudson—LWW

Italo Eubbarrow—AMA (Four representatives from LWW/AMA)

Avi Goldberg—Israel Emergency Preparedness Department

Brendan Morris—NL OCHA, ICET, HumAid

Jan Meertens—NL ICET

Bruce Alterogt—Institute of Medicine, USA

Steve Murphy—Global Medical Response (Industry Partner), USA

Luis Jorge Perez—MD. ADPC, Thailand

Terry Mulligan—Physician, Dept. Dir, USA/NL

Susan Speraw—Prof Nursing, University Tennessee (Doctoral Programme in Nursing, with special interest in Disasters)

Kanada Katrina—NHS Greek Hospital, Greece

Lavdas Constantinos—MD HEMS Greece, Greece

Alex Wenman

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Credentiailling and Accreditation

Chairs: Frank Archer

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The participants in this session determined that there is a need for better accreditation and credentialing when there is a response to a multi-casualty incident. Specifically, it was decided there is a need to define the terms used during and in describing such an incident. It also is necessary to consider the process of accreditation and credentialing and who should carry it out. For example, the WHO now has a pre-deployment course for WHO decision-makers. It was concluded that the WADEM should work to spread information on the need for credentialing and accreditation—one way to do so would be to publish outcome studies in PDM. This would have the effect of making it more evidence-based.

In addition to identifying the need to define terms, it also was determined that some existing terms require clarification, such as: (1) Certify—in reference to re-competency; (2) Licensed to practice—a government function; (3) Privileges to practice—an agency function; and Reciprocal recognition. It was noted that teams (multi disciplinary) would need to be accredited.

It also was decided that credentialing of individuals should consider: their primary professional qualification and their disaster health training and experience. One issue that arose during this discussion was whether only teams be accepted and included in this action.

Accreditation of Team

After the previously described discussions, some models for follow-up were outlined. It was felt that the WHO is the most capable organization to lead the health response, and it currently is developing a "global" roster of leaders who have taught in pre-deployment courses. It was noted that WHO/SEARO had convened a meeting on human resource needs, including training and strategy planning which would benefit the role of the UN Inter-Agency Standing Committee in this process.

The UN Department of Safety and Security also was discussed as a possible model to explore as a template, as well as the ILCOR model for developing international standards. It was also noted that the field hospitals could be used as models.

Some organizations mentioned that organizations capable of managing the credentialing process were the WHO, the UN-OCHA, the Red Cross, various NGOs, and WADEM. However, questions remain as to who should decide this. One possible way that WADEM can help to decide this question, or at least play an important role in the process, is to develop synergy with the UNIASC.

A second perspective evolved in discussion relating to what skill sets are needed for the different phases (e.g., immediate, after one week, two weeks etc.) and different types of sudden-onset events. This needs assessment should lead to statements of best practices using "international response guidelines".

Two themes eventually emerged, the lack of a needs assessment of the event, based on different scenarios that will determine the response needs, who should be invited, and by whom. The guidelines for response would include hospitals, staffing, and field care. This would lead to the accreditation of teams and local credentialing of individuals to practice in disaster sites; related to education using the Standards for Education based on the needs assessment

and response needs, the accreditation of courses, and the credentialing of graduates.

The WADEM should define a professional group to take this matter further. It should develop a white paper starting with a skeleton and filling in the details later. A central register, possibly the WHO, can identify in what countries relevant teams are available in every specific event.

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