

EMERGENCY MEDICAL TEAM (EMT)



The Malaysian Medical Relief Society or MERCY Malaysia is a non-profit organization that focuses on providing medical relief, sustainable health-related development, risk reduction activities and building resilient communities for vulnerable communities in crisis and non-crisis situations, both locally and internationally. It is a registered society under the Societies Act 1966 (PPM-020-14-16091999) in Malaysia.



WHAT WE DO?

We focus on providing medical relief, sustainable health-related development and risk reduction activities for vulnerable communities, in both crisis and non-crisis situations.

We carry out sustainable development by helping communities find ways to prepare and protect themselves in the event of natural disasters; by rebuilding and refurbishing hospitals and health clinics; and by providing health-related trainings and educational programs.

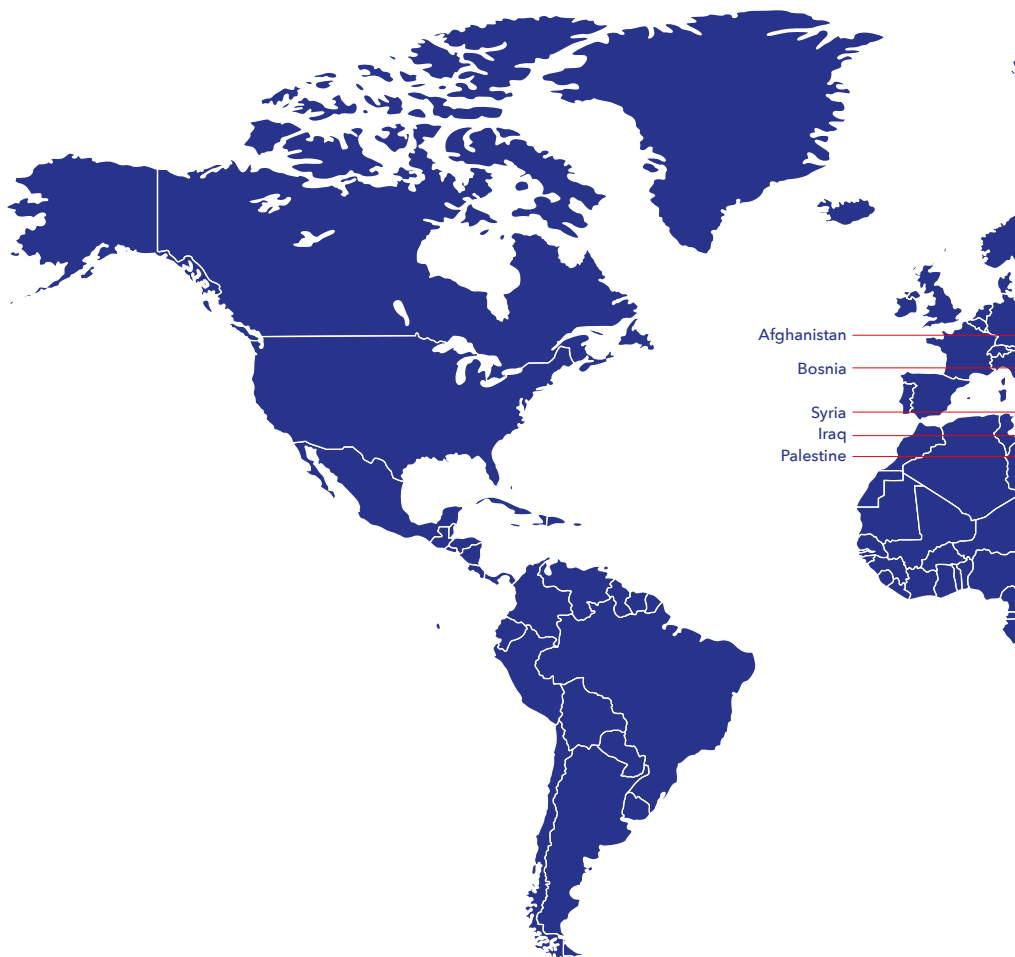
Our aim is to build resilience in all the communities that we touch.

Like many international organisations involved in the delivery of medical and humanitarian aid to vulnerable communities, MERCY Malaysia has been actively involved in providing emergency assistance to affected populations.

MERCY Malaysia began implementing its key domestic and international projects and programmes through Total Disaster Risk Management (TDRM) approach in 2005.

The TDRM approach is in line with the Hyogo Framework for Action (HFA), which was adopted by 168 countries at the 2005 UN World Conference on Disaster Reduction in Kobe, Japan.

MERCY Malaysia's commitment to TDRM highlights the importance of discovering a clearer understanding and response to disaster management while also addressing the root causes and underlying factors that lead to disasters.



1999

Kosovo
Turkey

2000

Indonesia
India

2001

Cambodia
Afghanistan

2002

Cambodia
Afghanistan
Malaysia

2003

Afghanistan
Sri Lanka
Palestine
Iraq
Iran

2004

Indonesia
Afghanistan
Malaysia
Sri Lanka
Sudan
North Korea
Philippines

2005

Indonesia
Afghanistan
Malaysia
Cambodia
Pakistan

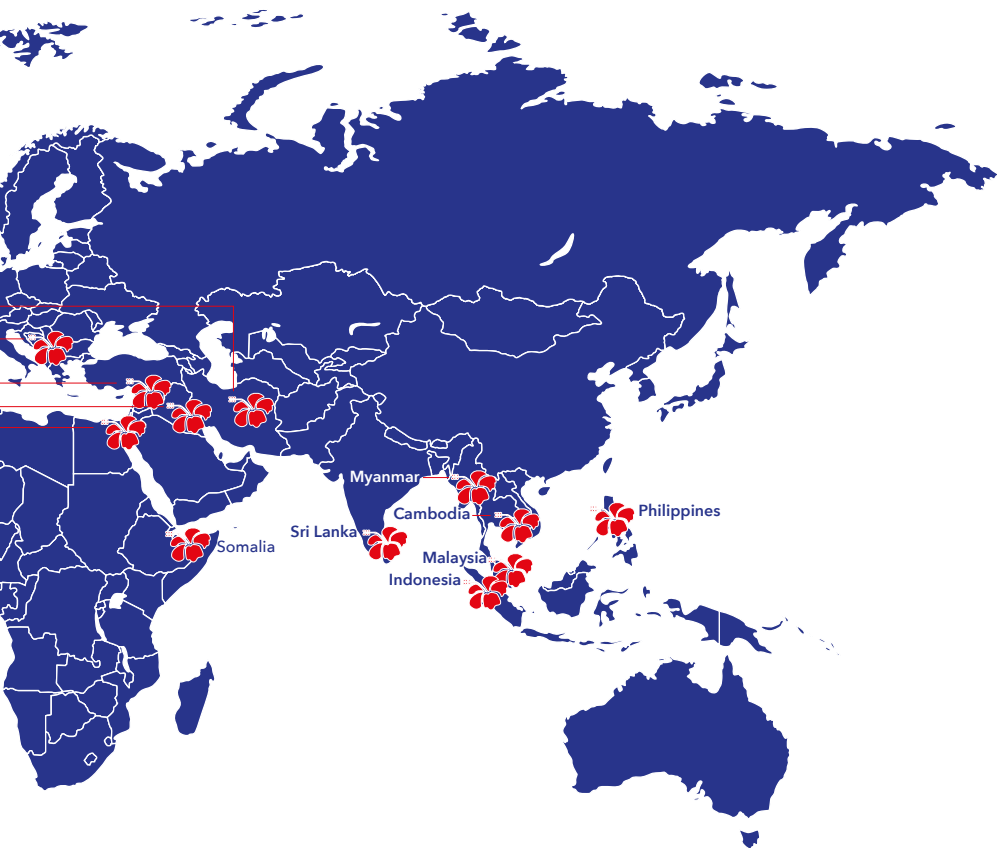
2006

Indonesia
Afghanistan
Malaysia
Philippines
Pakistan
Maldives
Lebanon

2007

Indonesia
Afghanistan
Malaysia
Sudan
Bangladesh
Vietnam

OUR FOOTPRINTS



2008	2009	2010	2011	2012	2013	2014	2015	2016
Indonesia	Indonesia	Indonesia	Indonesia	Indonesia	Indonesia	Indonesia	Indonesia	Malaysia
Afghanistan	Afghanistan	Afghanistan	Afghanistan	Afghanistan	Afghanistan	Afghanistan	Afghanistan	Indonesia
Malaysia	Malaysia	Malaysia	Malaysia	Malaysia	Malaysia	Malaysia	Malaysia	Ethiopia
India	India	India	India	India	India	Cambodia	Cambodia	Lebanon
Cambodia	Cambodia	Cambodia	Cambodia	Cambodia	Cambodia	Sri Lanka	Palestine	Jordan
Palestine	Sri Lanka	Sri Lanka	Sri Lanka	Sri Lanka	Sri Lanka	Palestine	Philippines	Palestine
Sudan	Palestine	Palestine	Palestine	Palestine	Palestine	Philippines	Myanmar	Myanmar
North Korea	Sudan	Sudan	Sudan	Sudan	Sudan	Myanmar	Iraq	Sierra Leone
Pakistan	Pakistan	Pakistan	Pakistan	Pakistan	Pakistan	Somalia	Syria	Philippines
Maldives	Maldives	Maldives	Bangladesh	Philippines	Philippines	Iraq	Bosnia	Nepal
Bangladesh	Bangladesh	Bangladesh	China	Bangladesh	Bangladesh	Syria	Lebanon	Bosnia
China	China	China	Myanmar	China	Lebanon	Bosnia	Jordan	
Myanmar	Myanmar	Myanmar	Philippines	Myanmar	Myanmar		Syria	
Yemen	Philippines	Chile	Turkey	Japan	Japan		Nepal	
			Japan	Somalia	Somalia			
			Libya	Thailand	Turkey			
			Somalia	Jordan	Jordan			
			Thailand		Syria			
			Tunisia					



EMERGENCY MEDICAL TEAM

Case 1 EMERGENCY MEDICAL TEAM UNIT (MM EMT) - THE NEPAL EARTHQUAKE EXPERIENCE

On the 25th April 2015, a 7.8 magnitude earthquake struck Nepal near the city of Kathmandu.

MERCY Malaysia responded to this situation by deploying the emergency medical team (EMT) and were part of the Malaysian response team. A Level 1+ Field Hospital was set up with an Out Patient Department (OPD), Operating Theater (OT), recovery ward and pharmacy to provide primary health care services.

MHPSS support was provided through the set-up of a Child Friendly Space on the school grounds, providing a safe haven for the children and an opportunity to assess their level of post- traumatic stress. Mobile clinics were conducted in surrounding rural areas to provide basic health care services.

PHILOSOPHY OF MERCY MALAYSIA'S EMT

MERCY Malaysia's EMT is part of capacity building in the pre-disaster phase. It is a practical solution in the form of a vehicle for emergency life-saving medical assistance in the acute emergency phase of a major disaster. This has expanded to include longer term health engagements such as mental health and psychosocial support (MHPSS) and rehabilitation medicine.

NOTEWORTHY FEATURES OF MERCY MALAYSIA'S EMT

- **Light weight-** all items can be carried by hand. No requirement for heavy forklift or crane
- **Modular**
- **Set-up time of 24 hours**
- **Operational on-site for 4 weeks**



MODULAR ASPECT OF MERCY MALAYSIA'S EMT

The EMT is designed to cater to varying needs and can be deployed in different module combinations. The combinations are:

- Module A: Outpatient Department and Pharmacy
- Module B: A + Emergency Room and Wards
- Module C: A + B + Operation Theatre
- Module D: Operational in a partially functioning existing on-site hospital

OBJECTIVES OF MERCY MALAYSIA'S EMT

- Treatment of basic illnesses and injuries - aiming to save life and limbs
- Provide mental health and psychological support (MHPSS)
- Initiate medium-term care with our rehabilitation medicine team



Case 2

EMERGENCY MEDICAL TEAM UNIT (MM EMT) - TYPHOON HAIYAN EXPERIENCE

MERCY Malaysia's first medical team arrived in Ormoc on 15 November and the base of operation was established in Ormoc District Hospital (ODH), a hospital with a 100-bed capacity that was badly damaged by Haiyan. The hospital's outpatient services were halted indefinitely and the inpatient capacity was reduced to only 20 beds as the two blocks housing the Operation Theatre and all patient wards suffered extensive damage. The only functional building at the time was the administrative block where patients were housed in the hallway and lobby.

The damage to the local health facilities, from barangay (village) health stations to primary and level 1 hospitals, crippled the ability of the local health service providers to respond to the needs of the communities to the scale that was required in the first three weeks. Many barangay health centres suffered total destruction while many hospitals were unable to function as a result of immense damage to the roof structure.

COMPOSITION OF MERCY MALAYSIA'S EMT

- Outpatient Department (OPD)
- Emergency Room
- Operation Theatre
- Wards
- Pharmacy
- Radiology & Laboratory services
- Child Friendly Space (CFS)
- Rehabilitation medicine
- Mobile outreach clinics

MILESTONES OF MERCY MALAYSIA'S EMT

MERCY Malaysia has successfully deployed its EMT since 1999 and to date it has reached out to at least 30,000 people.

READINESS OF MERCY MALAYSIA'S EMT

- A pool of specialized and skilled volunteers ready to be deployed
- Assets are pre-positioned in the



The Emergency Medical Team (EMT) was deployed on 18 November 2013 to be based in the compounds ODH as the temporary Outpatient Department to cater to the health needs of the affected communities in Ormoc City. The team also facilitated medical evacuations of patients who required immediate specialist treatment to more advanced health facilities in Cebu. The EMT ceased operations on 26 December 2013 with more than thousands of consultations conducted during the emergency response.

United Nations Humanitarian Response Depot (UNHRD), Subang, Malaysia

- **Transport arrangements with the Royal Malaysian Air Force (RMAF), World Food Program (WFP), and commercial airlines**

AFFILIATIONS OF MERCY MALAYSIA'S EMT

- **ASEAN Disaster Risk Reduction Network (ADRRN)**
- **ASEAN Partnership Group (APG)**
- **ASEAN Agreement on Disaster Management and Emergency Response (AADMER)**
- **World Health Organization (WHO)**
- **International Council of Voluntary Agencies (ICVA)**
- **Core Humanitarian Standards (CHS)**





REHABILITATION MEDICINE TEAM

Case 3

MEDICAL REHABILITATION
AS PART OF THE POST -
DISASTER EMERGENCY
RESPONSE: THE NEPAL
EARTHQUAKE EXPERIENCE

Large natural disasters results in survivors with disabling impairments (brain and spinal cord injuries, amputations, fractures and peripheral nerve injuries). Most disasters occur in low resource areas with limited strategies of medical rehabilitation in their disaster response plans. When disaster strikes, the availability of health and rehabilitation infrastructure is strained.

We highlight the need for international humanitarian responses to prioritise and include multidisciplinary medical rehabilitation teams in their emergency responses.

Objectives:

- 1) Treating patients in the Spinal Injury Rehabilitation Centre in Sangha
- 2) Sharing experience and training in Spinal Injury Rehabilitation Centre in Sangha
- 3) Assessing the need of assistance for medical rehabilitation in other areas affected by the earthquake

REHAB MEDICINE TEAM'S STRATEGIES

- Service and support to multiple hospitals
- Training and capacity building
- Upgrading infrastructure
- Upgrading human capital
- Exchange programme/cross training

REHAB MEDICINE TEAM COMPOSITION

- Rehabilitation physicians
- Occupational therapists
- Physiotherapists
- Spinal nurses
- Wheelchair experts





MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT SERVICES (MHPSS)

FOCUS OF PFA

- Psychological First Aid
- Techniques to deal with difficulty during emergencies
- Relaxation techniques

CRITERIA OF PFA

- Consistent with research evidence on risk and resilience following trauma
- Applicable and practical in field settings
- Appropriate to development level across the lifespan
- Culturally informed and adaptable

PFA CORE ACTIONS

- Contact and engagement
- Safety and comfort
- Mind stabilization
- Info gathering/current needs and concern.
- Practical assistance
- Connection with social support
- Information on coping
- Linkage and collaborative services

PSYCHOLOGICAL FIRST AID (PFA)

PFA is an evidence-based modular approach to help in immediate aftermath of disaster or terrorism. It is designed:

- To reduce initial distress.
- Foster short and long-term adaptive functioning and coping.

Immediate goals:

- To reduce intensity of an individual's emotional, mental, physical and behavioural reactions to a crisis.
- To help individual to return to pre-crisis level of functioning.

Approach:





CFS PRINCIPLES

Participation

Activities should involve all children, boys and girls including children with disabilities from the planning to implementation stage. Do not force children to participate.

Child rights

Basic approach to CFS that provides support to children's physical, emotional, social, spiritual and mental development.

Age-appropriate activities

(0-5, 6-12, 13-18)
development age

Gender sensitive

Activities meeting the needs for both boys and girls and sometimes play items are gender specific.

Culturally relevant

Respecting values, beliefs, practices and tradition of the people.

Responsive

Contents of the activities must meet the specific needs of children and balance between structured activities and free play activities.

Community participation

Integral part of CFS both in the planning of activities and management of CFS.

CHILD FRIENDLY SPACE (CFS)

CFS is a place which provides safe environment, where integrated programming including play, recreation, education, health, and psychosocial support can be delivered and/or information about services/supports are provided.

Objectives:

Promotion of child protection and well-being through:

- Providing immediate protection and security.
- Promoting the recovery of children from stressful events associated with the emergency.
- Community mobilization and child participation.



EMERGENCY MEDICAL TEAM TRAINING

ANNUAL FIELD TRAINING

Our field training has been conducted annually since 2008. It provides a platform for our volunteers to undergo a disaster simulation and learn the intricacies of handling a field hospital. Annually we have up to 100 volunteers participating in this 3 days 2 night exercise, preceded by field hospital lectures.

REALISTIC SIMULATION

The highlight of the field training is the simulation scenario where we involve students to act as patients in various scenarios ranging from earthquakes, motor vehicle accidents, overturned boats and fires. Volunteers make-up the patients in a realistic manner.



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FIELD HOSPITAL LECTURE

- International Code of Conduct
- Sphere Standards
- Disease Patterns in Disasters
- UNDSS
- Field Hospital Standards
- Psychological First Aid
- Fire Safety
- Logistics Network
- Tent Setup
- Volunteer Deployment
- Chain of Command on Disaster Site







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