

# Today's Anaphem

Academic Network for Applied Public Health and Emergency Management

Anaphem was present at the bi-annual conference of the World Association for Disaster and Emergency Medicine (WADEM) in Brisbane, Australia in May 2019.

WADEM's focus is on scientific evidence and best practices in prehospital and emergency health care, public health, and disaster health and preparedness is implemented through.

Two presentations were given on Large-Scale Prehospital Assistance (LSPA) and on Public Health Event Advice (PHEA) as outcome of the first experiences with Anaphem.

## History

WADEM was originally founded as the Club of Mainz on 2 October 1976 with the goal of improving the worldwide delivery of prehospital and emergency care during every day and mass disaster emergencies. The founding members were renowned researchers, practitioners and teachers of acute care medicine, who joined together to focus their energies on the scientific, educational, and clinical aspects of immediate care. (Ref WADEM)



## WADEM

### Mission

The mission of WADEM is the evidence-based improvement, education, and advocacy of emergency and disaster health care and disaster risk reduction.

### Vision

WADEM will be internationally recognized as the leading organization in the development, evaluation, and dissemination of scientific evidence and best practices in emergency and disaster health care and disaster risk reduction.

## Background

The founding members were renowned researchers, practitioners and teachers of acute care medicine, who joined together to focus their energies on the scientific, educational, and clinical aspects of immediate care. Following the constant development of its scope and extension worldwide, and to better reflect its nature, the organization's name was changed to the World Association for Disaster and Emergency Medicine.

WADEM is the oldest international emergency and disaster medicine organization with members from 55 countries and numerous disciplines including medicine, nursing, emergency management, academia, military, veterinary medicine, psychology and sociology as well as government and non-government organizations.



The gain is in the chain

## Today's Topic

**Dutch Embassy & C...** · 07-05-2019 ·  
#Dutch Scientific Coordinator Johan de Cock PhD speaks about 'Emergency mass casualty and terrorism preparedness in the Netherlands' at

@WADEM\_PDM #Brisbane this Friday.  
[anaphem.nl](#) #disaster #emergency #publichealth @EMV\_news @AIDR\_News @MUARCresearch @PBarnes\_ASP



WADEM

An academic workplace is a knowledge infrastructure in which people from policy, research and practice work together. The aim of the workplace is to further improve the quality of work in public health crisis management.

## Anaphem

Academic Network for Applied Public Health and Emergency Management

Prehospital and Disaster Medicine 2019;34(Suppl. 1):s79–s80

### **Risk and Planning**

May 2019

### **Medical Coordination Rescue Members' and Ambulance Nurses' Perspectives on Emergency Mass Casualty and Terrorism Preparedness in the Netherlands - A Qualitative Study**

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### **Introduction**

Mass casualty incidents, specifically incidents with chemical, biological, radiological, and nuclear agents (CBRN) or terrorist attacks, challenge medical coordination, rescue, and ambulance care. Recently in the Netherlands, a new model for emergency preparedness for large-scale mass casualties and a specific approach dealing with terrorist attacks was introduced (2016).

### **Aim**

To provide insight into the first experiences with this approach in order to identify strengths and pitfalls.

### **Methods**

The study had a qualitative design and was performed between January 2017 and June 2018. A semi-structured inter-view included topics that were selected based on available literature. All interviews were typed out verbatim and were analyzed using a structured approach of labeling and clustering of the response.

### **Results**

The main issues raised by the respondents included the following:

- The interpretation of definitions introduced in the new model for the mass casualty preparedness model and the terrorist attack approach differed among respondents.
- All respondents supported the six points of departure in the CBRN and terrorist attack approach.
- Awareness of optimal personal safety ('safety first principle') specific for CBRN and terrorism is lacking.
- Respondents reported that several rescue workers did not feel competent to perform specific newly introduced tasks, such as the command and control of the first ambulance arriving at the scene and the coordination task of emergency transport by the dispatch nurse.
- Current regional differences in preparedness may complicate interregional collaboration.

### **Discussion**

As the approach is new and experience is primarily based on the outcome of exercises, the systematic planning and evaluation of exercises, and sharing of opinions and knowledge, as a result, is important to ensure an unambiguous approach in a real situation.

## Abstract of Presentation

Prehospital and Disaster Medicine 2019;34(Suppl. 1):s174

### Uniform Guideline on Risk Characterization for Approval of Mass Gatherings

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#### Introduction

Mass gatherings may have far-reaching effects on medical care because of the potential high load on the health care system. In preparation of large events (mass gatherings), such as music festivals or marathons, an extended risk assessment forms the basis for issuing advice on health and safety and possible necessary precautionary measures. In the Netherlands, the 25 regional Public Health Directors are responsible for public health and safety. This includes responsibility for advice on large-scale events, based on which the local authorities (e.g. the mayor) decide on the approval. Health care professionals are looking for better tools with regard to the arising dilemmas around responsibilities and risks. Also, as new forms of events are created, uniform (safety) regulations are lacking. GGD GHOR Netherlands (Dutch Society of the regional Public Health Services [GGD] and Major Incident Medical Planning and Coordination Offices [GHOR]) has updated the existing national guideline in collaboration with the Academic Network for Applied Public Health and Emergency Management (Anaphem). The focus was on improving the guideline by including all current expertise and experience in the field.

#### Methods

Various expert sessions were held in 2017 and 2018 to collect all relevant knowledge, evidence, and experience that is currently accessible to develop an improved uniform approach for risk assessment and process steps.

#### Results

A new dynamic national guideline, including fact-sheets in various topics being effective by 2019. As a result, a list of topics is formulated for further research.

#### Discussion

The new guideline includes the current knowledge and raised awareness among the experts of some important gaps in current evidence on several topics.

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Community Health Services and  
Regional Medical Emergency  
Preparedness and Planning office



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and the Environment  
Ministry of Health, Welfare and Sport

**Radboudumc**

Hogeschool  van Arnhem en Nijmegen  
HAN University of Applied Sciences

# MASS GATHERINGS

Dutch national uniform guideline on risk characterization for approval of mass gatherings

## MASS GATHERINGS ARE BECOMING MORE COMPLEX

### WHAT ABOUT THE CONSEQUENCES?

#### 1997 - First Edition

150 participants  
1000 visitors



#### FAR-REACHING EFFECTS ON THE MEDICAL CARE

Every year, thousands of events are organized in the Netherlands. They contribute to the attractiveness for living and working, reputation and image of municipalities and regions.

Mass gatherings may have far-reaching effects on acute medical care, because of the potential high load on the health care system. In preparation of these events, such as music festivals or marathons, an extended risk assessment forms the basis for issuing advice on health and safety and possible necessary precautionary measures

#### PUBLIC HEALTH & SAFETY RISKS

Health care professionals are looking for better tools with regard to the arising dilemmas around responsibilities and risks. GGD GHOR Nederland, in corporation with Anaphem, created new tools which will be introduced in 2019 by bringing together regional experts.

#### 2018

Same event, growing population  
220.000 visitors  
Multiple Days  
Multiple Events at the same time



#### RECOGNITION

Each Mass Gathering may pose a risk to public health and safety. The organizer is primarily responsible to keep visitors, participants and local residents safe.

By law, in the Netherlands the Mayor oversees public (mass) gatherings and entertainment. The municipality may request additional advice on public health and safety risks and necessary measures.

Due to potentially conflicting interests of the organizer (economic) or Municipality (city promotion) public health and safety issues may be overlooked.

'THE GAIN IS IN THE CHAIN'

#### FIRST INDICATION

The initial risk assessment is based on the recognition of the characteristics of an event (Event profile). This forms a basis for issuing advice and possible precautionary measures on preparedness.

A structured risk identification to recognize potential risk is based on a set of risk identifiers (factors) in three clusters (activities, population, spatial profile).

#### RISK ASSESSMENT

Currently, The classification of risks is based on (regional) expert judgement. Assessment of risks includes a judgement on:

- Public Health and Safety issues,
- Preparedness of acute health care and continuity of care

Currently there is a lack of consensus on the best uniform approach. Solid collecting of data and evaluation is desired to aim at state-of-the-art approach in future

#### REGISTRATION

Data collections forms the backbone of both risk assessment and preparedness. The proper evaluation and sharing of (regional) knowledge will improve expert judgement in future. The development of consensus on what minimum data set should form the basis will help improve the approval process and will better protect public health and safety.

#### MEASURES

Advice includes recommendations on proper preparedness and cover the following:

1. Conditions on activities in relation to the population at risk and the spacial profile of the event
2. Public awarenesses based on communication on relevant organizational and health related issues
3. Preparedness of acute medical care capacity and continuity of care
4. Monitoring of deployment of acute care to be able take action or decide on adjustments

#### GOALS

1. Improved guideline and nationwide uniform safety regulations.
2. Interregional knowledge sharing by regular and systematic case study discussions and sharing of best practices to improve professionalization
3. National agenda for improved substantiation of the underlying conditions of the process approach of risk characterization, preparedness and advice.

#### METHODS

Various expert sessions were held in 2017 and 2018 to collect all relevant knowledge, evidence and experience that is currently accessible.

Experts shared their regional practice to develop an improved national uniform approach for public health risk assessment and a guideline with steps to support the licensing process of (mass) gatherings.

#### RESULTS

A new dynamic national guideline is being designed, that allows frequent updates of its content when considered relevant by the network of experts.

This includes factsheets on various topics being effective by 2019.

In addition, a list of topics is formulated for further research.

#### CONCLUSION

The new guideline includes the current knowledge and raised awareness among the experts of some important gaps in current evidence on several topics.

### FROM PRACTICE BASED TO EXPERIENCE BASED

#### FUTURE RESEARCH PROGRAM

A standardized approach for data collection, evaluation and nationwide data sharing is appearing in many countries. This can provide a solid basis for future advice on acute medical care arising for mass gatherings. International collaboration on data collection, evaluation and data sharing may help to further improve the approach, standards and tools for risk assessment and advice and licensing of events.

Recommendations for (international) research:

1. Risk identification: inventory of and comparison of existing factors. Recommended exposure standards for these factors.
2. Risk assessment: development of objective criteria for risk classification
3. Substantiation of mitigation measures:
  - a. inventory of available methodology, models and knowledge
  - b. expected demand for care by event profile. It's consequences on preparedness and preventive measures
4. Minimum uniform dataset: to monitor mass gatherings from the perspective of risk characterization, mitigation measures, advised capacity of care and monitoring of actual care. To improve substantiation of the current approach.
5. Collaborate with the international community: accessing and applying available international knowledge
6. Review process: a nationwide accepted review process to evaluate and incorporate the outcome in future updates



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