

EMERGENCY MEDICAL SERVICES IN ZIMBABWE

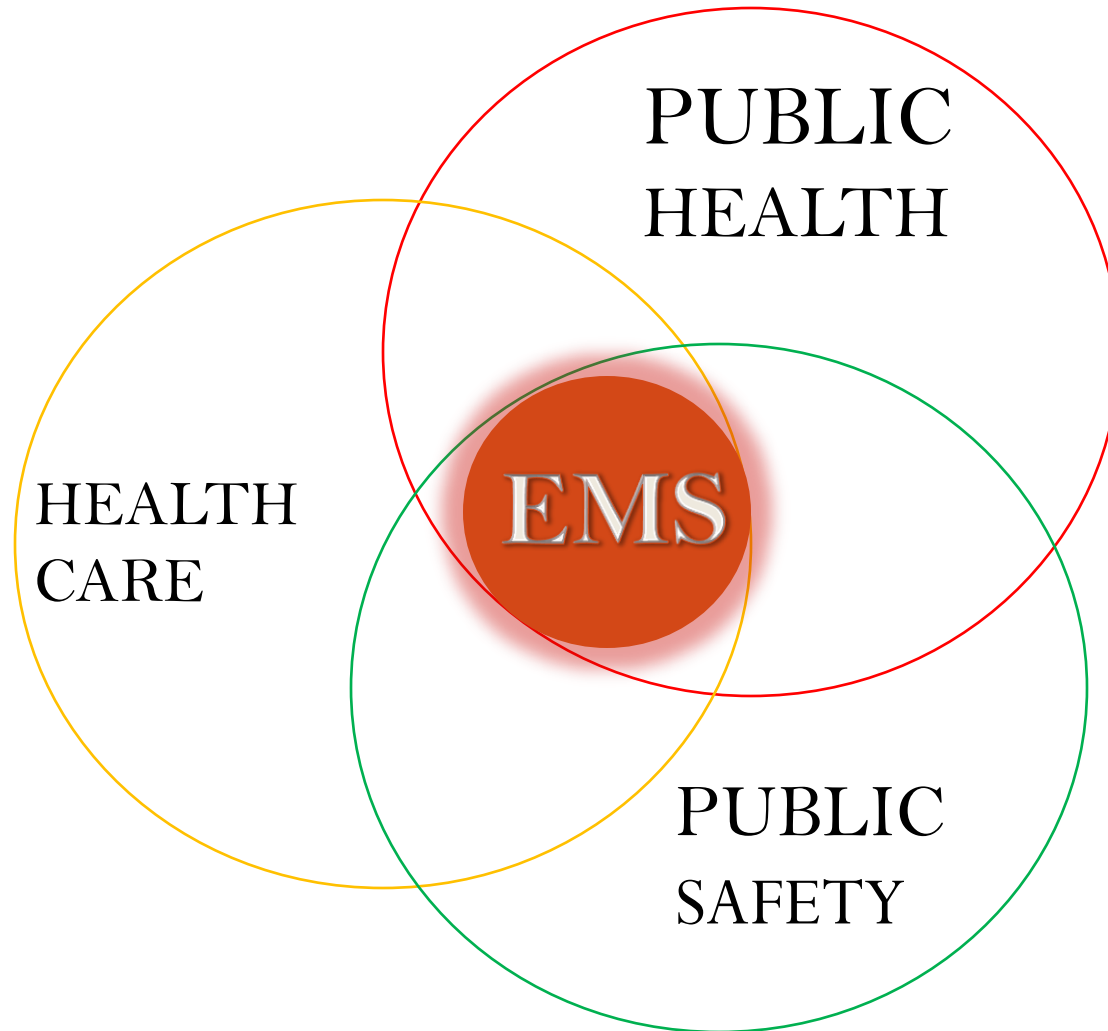
- WHAT IS EMS
- COMPONENTS OF EMS
- EMS DEVELOPMENT IN ZIMBABWE
- EMS PRACTITIONER TRAINING
- LOCAL EMS PRACTITIONER DEVELOPMENT
- DEVELOPMENTS IN EMERGENCY MEDICINE



DEFINITION OF EMS

- Ems refers to the treatment and transport of people in crisis health situations that may be life threatening. Emergency medical support is applied in a wide variety of situations from car accidents, to drowning to incidents of heart attack.
- **EMS units work** out of ambulances, fire departments and hospitals. Often times emergency medical services are in places where the risk of an accident or health crises is high, such as professional sports events and dangerous job sites like offshore oil rigs, demining.

ROLE OF EMS IN HEALTH DELIVERY



EMS IN ZIMBABWE

- HISTORICAL DEVELOPMENT
- Before 1991 -Gvt, Municipal, Mission, NGO (Unregulated)
 - 1991 to 2000 – Private unregulated EMS started
 - 2001 to date – EMS regulation in place
- REGULATION (AHPCZ ↔ HPA)
 - STANDARDS – registration, monitoring and policing
 - POLICIES & PROCEDURES- Ministry is silent
- TRAINING
 - Current – 5 Schools, AT & EMT only
 - Proposed – AT certificate 12 month, EMT Diploma 12 Months, AEMT 12 Months, BSc.PEMC 3 years

EMS IN ZIMBABWE cont.

- **CONTROL AND MONITORING**
 - Practitioners regulated by – AHPCZ
 - Providers operational standards – Nil
- **ETHICAL ISSUES**
 - Practitioners have a code of conduct
 - Providers – Nil
- **PROVIDER ORGANIZATIONS**
 - Government, Private, Municipal, NGO, Churches, Police, Military

EMS Practitioner Training and Core Competencies

- PROFESSIONAL TRAINING
 - Ambulance Technician- Basic knowledge of the profession, limited skill level - for stable patients only – (BLUE BADGE)
 - Emergency Medical Technician (EMT)- Intermediate skills of patient care, limited pharmacological interventions, non invasive procedures only – ill patients –(SILVER BADGE)
 - Paramedic – Full knowledge of EMS, critical skills, invasive procedures and drug therapies- critical patients- (GOLD BADGE)

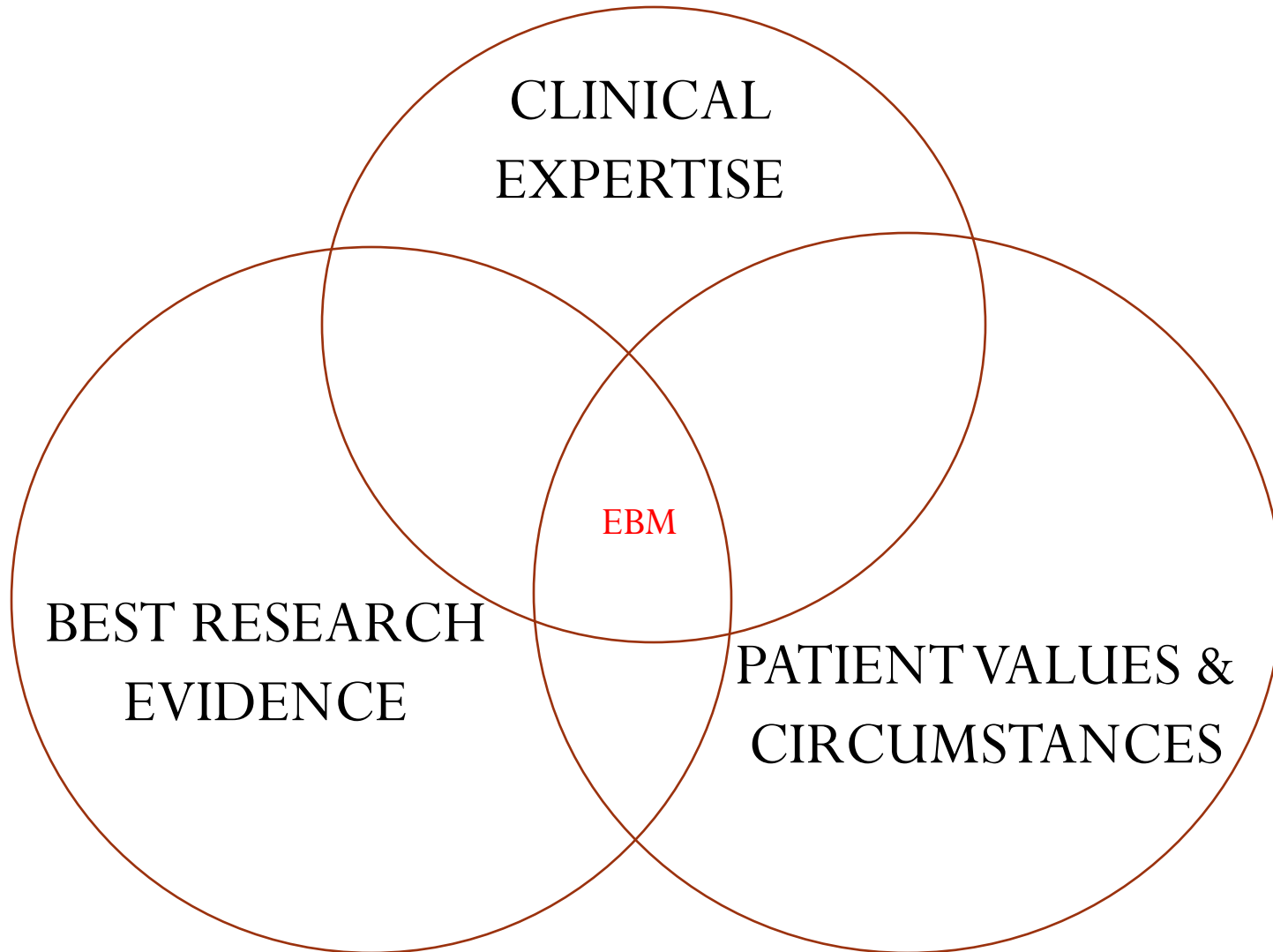
Other EMS Providers

- NURSES- ECN/CCN
- DOCTORS – DipPEC, MMed EMS qualification or AHA BLS & ACLS, ATLS, PALS EPACLS,
- EMD – Dispatchers' course
- FIREMAN – Trained in CPR
- POLICE – With CPR training
- FIRST AIDERS – first aid certificate

EMS TRAINING TRENDS

- **Post employment based training**
 - Employer or service based
 - Tends to be isolated and informal
 - No recognizable qualifications
 - Being phased out
- **Nationally Regulated training**
 - Standardized
 - Research/ evidence based
 - Certified and licensed
 - Professionalism
 - Embraces international trends
 - Qualifications are certificates, diplomas and degrees in EMS

EMS & EVIDENCE BASE PRACTICE



SYSTEMATIC APPROACHES

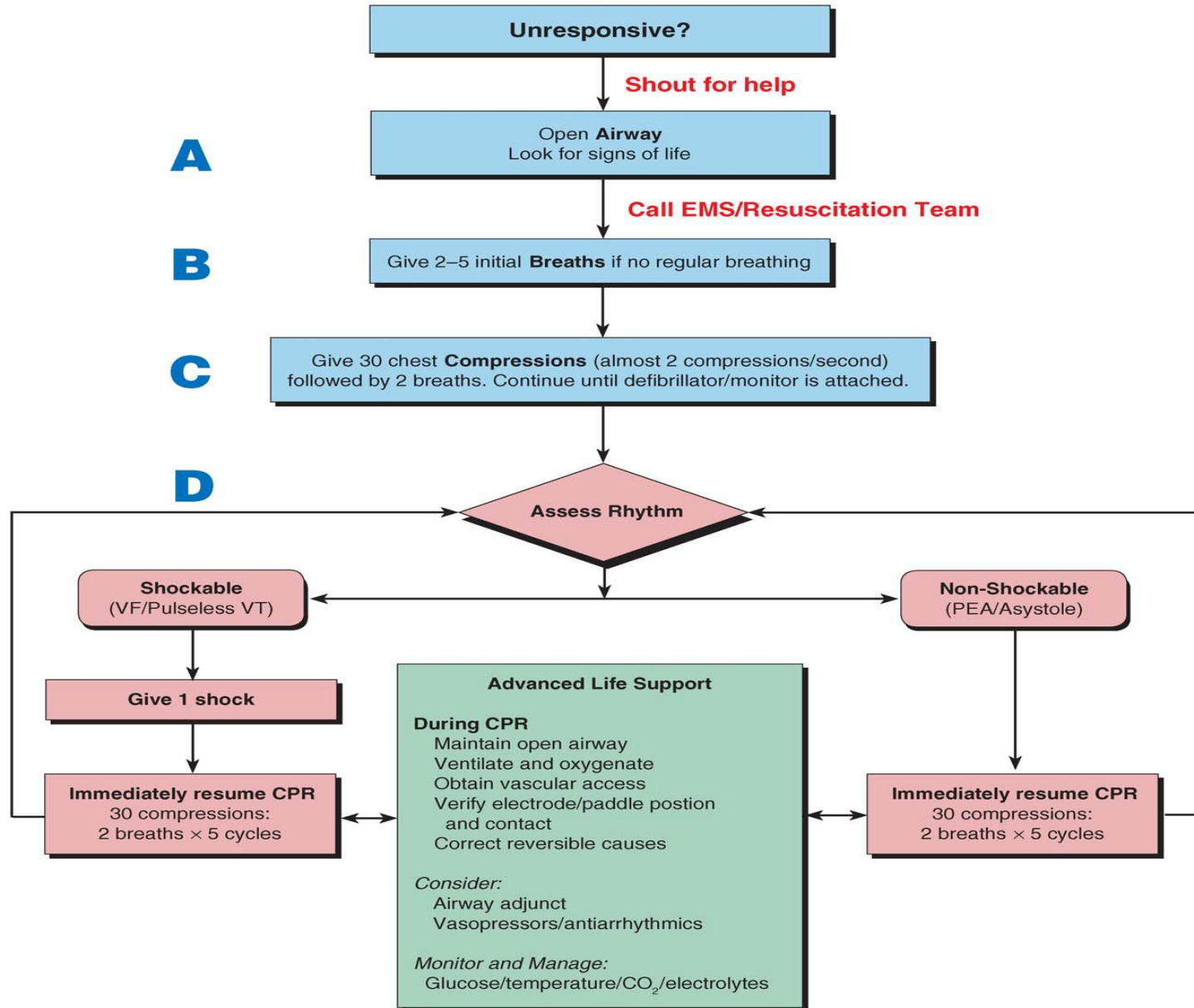


Figure 1.1 ILCOR Universal Cardiac Arrest Algorithm.

- RESUSCITATION

- HIGH QUALITY CPR –*HARD (5CM DEEP) FAST (100-120), RECOIL*
- DEFIBRILATION –Terminates VF/ Pulseless VT,
- VENTILATION AND OXYGENATION- avoid hyperventilation & O₂ toxicity

- TIME CRITICAL VS CARE CRITICAL

- SCOOP AND SHOOT OR SIT AND PLAY eg stroke and Hypoglycaemia

- FLUID RESUSCITATION

- NOT ROUTINE
- WHAT FLUID
- HOW MUCH

- MOTION RESTRICTION

- DO NO FURTHER HARM
 - Spinal board Vs Air Mattress
 - Cervical collar Vs Head bolsters

TECHNOLOGICAL ADVANCEMENT IN EMS

- COMMUNICATION
 - NAVIGATION
 - INFORMATION TRANSMISSION
 - MEDICAL DIRECTION
- DIAGNOSIS AND TREATMENT
 - SCAN(FAST)
 - CPR ,
- PATIENT MONITORING
 - ECG, RHYTHM ANALYSIS
- PATIENT HEALTH INFORMATION(PHI)
 - HOW SAFE IS IT FROM CYBER CRIMINALS

Thank You