



**Lebanese Red Cross  
Field Evaluation Report  
11<sup>th</sup> – 16<sup>th</sup> April 2016**



**DRAFT v1.1**

Prepared by: Mr. Michael Bradfield MA(Oxon), MSc, Dip IMC RCSEd, MCPara  
Critical Care Paramedic

## **Executive Summary**

This report examines a small caseload of patients seen in several stations and is not intended to be exhaustive. It highlights good levels of care and some areas of clinical and operational practice seen that may require improvement. There is work being currently undertaken to develop clinical guidelines and a forthcoming quality improvement project which will address some of the issues highlighted and will enable the creation of a clinical governance framework which will enable a safe progression in clinical practice.

The standard of patient care seen at all stations was good, with a systematic approach to patient assessment consistent with the national EMT-B and PHTLS training. Some variation was seen in specific techniques applied for certain situations e.g. decisions to immobilise, equipment taken into the incident which are influenced by local leadership and culture. There is also some variation in the way in which equipment is checked or information conveyed to hospital staff at the point of handover, but none of this adversely affected patient care. Ongoing training and education is evident at some stations, although there is no formal field supervision system at present, this is planned to be introduced. Considerations of EMT safety and working practice have also been included.

There is a clear need for further clinical interventions for patients with life-threatening medical conditions. While most treatments can safely be delayed until hospital arrival, certain critical and humanitarian interventions commonly used in other EMS systems could be administered within an extended scope of practice and potentially save lives and/or ease suffering before hospital arrival.

The Red Cross EMS stations visited also operate as a source of wound care for the local community, particularly for those unable to otherwise afford or access healthcare, including the refugee population. This is an important service and typically is undertaken in the form of free-to-access drop-in clinics run in the evenings.

## Summary of Recommendations

### Clinical:

- *Broaden scope of practice to include immediate treatment of life-threatening and painful emergency conditions e.g. asthma, anaphylaxis and pain relief*
- *Use of intermediate airway management and ventilation devices e.g. nasopharyngeal airways / iGel device.*
- *Facilitate “Major Trauma” bypass of local hospitals incapable of managing high acuity patients, including pre-alert and formal handover system*

### Safety:

- *Procurement and issue of sturdy footwear and high visibility clothing to all volunteers*
- *Basic volunteer training should include a component of awareness of hazards and creating (as far as possible) a safe working environment.*
- *Review of driver training and safe conveyance to include consideration of sympathy for patient and attending volunteer*
- *Written guidance in the form of an Infection Control policy covering hand, face and eye protection.*
- *Standardised manual handling policy and training*