

# Use of Emergency Medicine in Disaster Management

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## INTRODUCTION

Emergency Medicine (EM) is optimally suited to steer the health care response within the hours following a disaster. By routinely providing the battlefield of hospitalization for acutely ill and injured patients, no matter the underlying characteristics of the pathology or the patient, emergency providers can adapt quickly to the changing conditions brought on by a mass casualty incident. Additionally to having broad expertise in response to varied sorts of emergencies, EM providers manage patient-volume surges routinely. Thus, when confronted with mass casualty incidents, they need less of a transition to form in their practice compared with the other specialist. Following a disaster, physician leaders and frontline care providers will need a good sort of skills and knowledge to deliver care and manage resources.

These may differ from one disaster to a different, involving an understanding of triage of mass casualties, decontamination, resuscitation, trauma, communicable disease, hypothermia, toxicology, and management of radiation poisoning. additionally, the physician leader during a disaster must skills to interface with incident-command systems, community resources, and regional assets. Most of those skills are already integral to the practice of EM. Emergency physicians thus commonly assume a leadership role within the immediate aftermath of a disaster. Emergency departments (EDs) function the key interface between the community and therefore the hospital system.

The role of the ED is to triage patients on arrival to the health care facility, then stabilize and disposition patients to their next stage of care, which can be to an inpatient setting, an outpatient setting, or another health care facility. the essential role remains unchanged during a disaster, but the methods by which it's executed change, supported the character and extent of the disaster and therefore the resources available to the ED. The definition of the word disaster is very subjective. variety of papers have tried to develop a typical

nomenclature that might cover events starting from a contained mass casualty incident to a catastrophe that knocks out most of the health care system. For the aim of this chapter, a disaster are going to be viewed as a mass casualty incident during which the health care resources are overwhelmed and out of doors assistance is required. When properly managed during this situation, the ED expands its capacity to the limit, using hospital resources for added staffing and space, thus modifying triage prioritization to make sure the very best survival rate. Once saturated, outside resources are needed to permit the ED to be bypassed, but this role is then delegated to other emergency facilities, within the field or at remote hospitals. By processing patients with acute illness and injuries from stabilization to disposition, the performance of the ED are going to be a serious determinant of survival; however, this is often hooked in to the talents of the health care providers who staff the emergency department and therefore the design of the ED itself.

## DISCUSSION

To define the role of EM in disasters fully, the role of emergency providers which of the power must be considered. EM providers not only deliver emergency care but also oversee prehospital care, also as engage in leadership roles in disaster preparedness and study ways to enhance outcomes following a disaster. As an example, ED data are often utilized in disease detection and surveillance as an early warning system to an impending pandemic. Due to their unique knowledge of the prehospital world, hospital leadership, and therefore the other medical specialties, EM providers play an integral part in communications during a disaster and within the delivery of the initial care. Finally, in disasters, care and resources must be rationed. Under normal conditions, EM providers prioritize access to inpatient beds and diagnostic studies. This gatekeeper role is expanded during a disaster when rationing instead of prioritization is important.

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