Medical and evacuation procedures for Romania 2017
1. Introduction

Medical screening

Medical questionnaire
All participants will be required to enter their medical details onto the Operation Wallacea data portal. Details of how to log on are sent out upon receiving the booking from the participant. The data is stored securely and is initially only available to certain Operation Wallacea staff members, and, for groups of school students, the teacher leading the group.

Screening
All medical forms are assessed by Operation Wallacea. The country manager may seek to contact the participant to gather further information, which they would then enter on to the portal.

Following the initial screening by the country manager, the details are then passed to the on-site medic. He or she can ask for further information, and will have an opportunity to discuss any issues of concern at a medical meeting (between the expedition medics and Operation Wallacea staff) held approximately 3 months prior to the expedition. The team of medics will discuss any potential medical issues, advise anyone if a further consultation with a medic is required and will also suggest additions to the medical kits in light of any pre-existing health problems highlighted.

Insurance
Operation Wallacea has purchased Medical and Repatriation insurance cover to a value of £1 million for all volunteers and staff. Following the medical meeting, the medical details of any participants who have described current or past health concerns, or are taking any current medication, will be passed on to Operation Wallacea’s insurers. They may then want to talk directly to the participant if they have any further questions, and in some cases may choose to request a premium payment in order to provide cover for any pre-existing conditions.
Roles in the event of an emergency

Carefully planned evacuation protocols are in place for the site in Transylvania (Romania). All staff will have training on the evacuation procedures and protocols.

Because of the high variability of influential factors such as the nature of potential injuries, a number of different evacuation scenarios must be prepared for prior to the season. All staff are fully briefed in these scenarios, and this report describes the most commonly used and available evacuation options.

Once a major incident or emergency is identified the site manager responsible at the village site will advise Fundatia ADEPT. The specific site manager will take overall control as Incident Coordinator in conjunction with senior staff if they are in a position to assist. The Site Manager will communicate with the Medical Officer in order to determine the level of emergency evacuation required for the patient. These should be classified as Medium Priority, High Priority or Emergency.

Medium Priority
Cases in which the patient is in no immediate danger but the onsite facilities are unable to cope were their condition to deteriorate. An example of this would be falling over on a trek causing a cut requiring stitching.

This requires the patient to be moved as quickly as possible without the need to hire special vehicles to the nearest appropriate suitable facilities normally to the local surgery in the village of Bunesti (for Crit, Messendorf or Viscri) or Laslea (Malancrav, Nou Sasesc, Richis) and Sighisoara (Apold and Daia). If this was unsuitable the patient would be transported by car to the hospital in Sighisoara.

High Priority
Cases where the patient’s health is at risk if immediate action is not taken. An example of this is a broken bone. This requires a 112 phone call to the emergency services in Romania who will send an ambulance to transport the patient to the A&E department, University Hospital in Targu Mures.

Emergency
Cases where the patients’ life is at risk if immediate action is not taken. This requires a 112 phone call and the fastest possible transfer usually by ambulance to Targu Mures University Hospital. There is also a helicopter emergency evacuation service based in Targu Mures known as SMURD – this is described more fully under emergency evacuations.

In all evacuation cases where a patient is being transferred to medical facilities they should be accompanied by the relevant Medical Officer or someone appointed by the Medical Officer as fit to accompany the patient. Most ambulance teams in Romania speak English and this can be requested when phoning 112 (961 specifically for an ambulance).
It is the responsibility of the Medical Officer and site manager at the relevant site to determine if an emergency scenario exists and to ensure the patient is stabilized ready for evacuation.

Operation Wallacea has purchased Medical and Repatriation cover for all expedition participants and the insurance company has agreed routes and costs for evacuations in advance so that evacuations can be expedited quickly. In an extreme emergency where it is required to request Medivac, the Incident Co-ordinator will be responsible for contacting the Opwall office and informing them of the need for a Medivac plane from Targu Mures airport. Once this is approved then the flight will be arranged using the appointed Medivac organization, elected through Covermore insurance.

The incident coordinator is also responsible for ensuring that all relevant staff are aware of the ongoing emergency and follow up actions. All staff involved in the major accident or emergency procedure should keep detailed notes of times, actions taken, contacts made, costs incurred etc. After the incident has been closed it is the responsibility of the Incident Coordinator to compile a detailed report and submit this to the relevant insurance company.

2. Medical facilities in country

This information has been checked prior to the 2017 season by senior Operation Wallacea staff.

Facilities within the Natura 2000 site
There is a well-equipped clinic at Bunesti, which is between 10 and 30 minutes’ drive from the various villages at which the project will be based whilst in East of the Tarnava Mare in 2016. The clinic contains life support equipment and is suitable for minor surgery and most medium priority incidents. It does not have an x-ray machine however and so any suspected fractures would need to be treated in Sighisoara.

Cabinet Medical Medicina de Famile.
Dr Ana Sestacova
Bunesti
Tel. 0757.706.807
Tel. 0726.476.269

Whilst in the farthest Western villages, there is an elderly residence in Laslea, about half an hour from each village, with medical support which is available for medium priority incidence.

Str. Principala nr. 11
Laslea,
Judetul Sibiu,
Romania

*These evacuation procedures were last updated on: 09/01/2017*
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These villages are closer to Sighisoara than the East and so any condition which is more complex can instead be treated at Sighisoara hospital, for which the central villages will also use for health care.

http://www.spitalsighisoara.ro/

Spitalul Municipal Sighisoara
Strada Zaharia Boiu 40
Sighisoara
Romania
Tel: 0265 771 656
Tel: 0265 774 006
Fax: 0265 774 006
E-mail: manager@spitalsighisoara.ro

Facilities in Targu Mures

The University Hospital in Targu Mures (The Mures County Clinical Hospital) is very well equipped and will be able to cope with most emergencies. If there is an emergency requiring evacuation to the UK, the International Airport of Targu Mures is close by.


Tg.-Mures 540103
Str.Gh.Marinescu Nr.1
Tel: 00-40-365-88.25.88,
int 295, 211, 200
Fax: 00-40-365-430.385
Email: chirurgie.mures@gmail.com

A UK citizen will be covered by their EHIC (European Health Insurance Card) Card which they should have with them on the expedition.

3. Medical cover at each site

In addition to the first-aid qualified staff on-site; Operation Wallace and ADEPT have a contract with the surgery in Bunesti. The surgery is run by a very experienced doctor who speaks several languages (including English) and she will be on call 24 hours per day during the survey season. She also has medical officers based in several villages across the Natura 2000 zone who will be on call during the season. In addition to being able to attend the site of any incident during the season and being able to treat patients in her well-equipped surgery, the Doctor at Bunesti will be able to provide telephone advice on minor injuries to the first aid qualified staff on-site.
A medical kit is provided at each site, the content of which is agreed prior to the season in consultation with professional medics. These kits are designed to deal with as many non-emergency medical eventualities as reasonably possible onsite, and also to support emergency incidents and stabilize a casualty for transfer to more extensive medical facilities where needed.

4. Evacuation from the Natura 2000 Sighisoara-Tarnava Mare site

Overview
The Natura 2000 site is approximately 25 x 10km and composed of deep valleys that run from North to South. The hill tops are heavily wooded with villages and pastures in the valleys. Good roads tend to run from the north to the south but vehicle access between the valleys is more difficult. There is a network of roads and paths between all of the villages although many are only passable on foot or by 4 wheel drive cars. Access by normal road cars has to be an approach from Sighisoara which is located at the top of the site in the middle.

Despite the complexity of the road and path system most villages in the area can be reached by ambulance from Sighisoara within 40 minutes or much less although some of the more remote villages such as Daia may take slightly longer. Access to paths and the more remote tracks by 4 wheel drive is relatively easy as mobile phones work in most areas and tracks and un-surfaced roads are good.

Medium and High priority evacuations

All team leaders, Opwall and ADEPT staff will be equipped with mobile phones and in the case of an emergency, will phone the Operation Wallacea site manager. They will then communicate with the expedition medic in Bunesti. The situation will be assessed and a decision made whether to call an ambulance (112 or 961).

If the emergency occurs in the field out on a survey site a decision will need to be made to see if the casualty can be moved by an ADEPT vehicle and then take them to the nearest road point for an ambulance pick-up or if the casualty cannot be moved, the ambulance crew will need to be notified and guided to the off-road site. In the case of a medium priority evacuation, the casualty could be transported to the local surgery.

The ambulance would then proceed either to the clinic in Bunesti or to the University Hospital in Targu Mures.

Emergency evacuations
This would follow a similar procedure as above although it would involve the ambulance service at the outset. It might also involve the use of the helicopter rescue service based in Targu Mures known as SMURD.
**SMURD** is an emergency rescue service based in Romania. SMURD is the Romanian acronym for "Serviciul Mobil de Urgență, Reanimare și Descarcerare", that means *Mobile Emergency Service for Resuscitation and Extrication*.

SMURD services the worst emergency cases in collaboration with the traditional Ambulance (Serviciul de Ambulanță) service. Also HEMS (helicopter emergency medical system) has been implemented in three cities (Târgu Mureș, Bucharest and Lași).

The emergency system is based on the 112 emergency number; which is now used in Romania for all the emergencies (police, firefighters, ambulance).

**Evacuation times from each village**

The overland emergency and high priority evacuation times from the villages will be a maximum time of 2 hours (40 minutes from the point of incident to the village camp and 1 hour 20 minutes to Targu Mures) depending on how far the village is located from Targu Mures.

If the patient can be suitably treated in the Bunesti clinic then this will reduce the evacuation time by about 30 minutes.

**5. Reporting and logging**

During evacuations it is crucial that a log is kept by the expedition medic detailing times, personnel involved and all relevant details of each step of the evacuation process.

All medium priority evacuations must be logged by the Opwall Leader and included in the post-season report. For high priority and emergency evacuations the Opwall venture leader or ADEPT senior staff member and any other staff involved in the incident must make a report immediately following the incident. A full safety assessment must be carried out after all evacuations and if a similar incident is likely all activities must be stopped until the situation has been rectified.

The Transylvanian venture leader will collate the reports of all high priority and emergency evacuations and will submit the final report to the UK office. The venture leader will also submit the costs and report to the insurance company for reimbursement of costs.

**6. Mass evacuations and disaster management**

There is the possibility, albeit incredibly small, that a large scale incident could occur which would require a large number of Operation Wallacea volunteers and staff being repatriated. Such incidents could include political unrest, natural disaster and terrorist attacks. These incidents can be broken into two types, those with prior warning and those without.

*These evacuation procedures were last updated on: 09/01/2017*
Major incident with prior warning
Some major incidents come with a degree of prior warning. A good example of this is political unrest resulting in violence, which would have a build-up period. We constantly monitor the political situation of the area we work in and if our experienced field operatives decide that the political situation has become unsafe they would order a full evacuation.

In such an incident the venture leader would liaise with the insurance company and relevant embassies to agree the best route for repatriation.

Major incident with no prior warning
Some incidents, such as a terrorist attack or natural disaster, would have no prior warning. In cases such as these the field staff would get all volunteers and staff to a place they deemed safe by which ever means they decide best. From here the venture leader would contact the volunteers’ embassies to coordinate an evacuation strategy. The details of such an evacuation would vary dramatically depending on the situation and as such it is impossible to produce more detailed plans.

7. Useful numbers

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