



# Operation Wallacea

Conservation research through academic partnerships

Medical and evacuation procedures for  
Egypt 2011

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## **1. Introduction**

As with all expeditions careful planning is essential to ensure that all individuals enjoy a safe successful trip. Some members of the expedition team (including all volunteers and staff) may have significant pre-existing health problems or disabilities, which in the field, could potentially lead to problems. The aim of this section is to set out ways to identify the risks and how these can be reduced in the field.

### **Medical questionnaire**

All participants will be required to complete a medical questionnaire prior to their departure. This will be included in the expedition confirmation pack that is set out to all volunteers. These forms will then be taken to the medical meeting so the medics are able to discuss any implications to the site medical kit or the individuals itinerary.

### **PADI**

All those participants who are diving during the expedition will be required to complete a PADI medical questionnaire according to the rules and regulations set out by PADI. This will be sent out to the volunteers with their confirmation pack after they have booked. All volunteers are required to get their GP to sign the declaration on the reverse of the form if they have answered yes to any of the questions. The forms are returned to the administrator at the UK, US or Canadian office.

- These need to be photocopied twice. The original will be taken by the volunteer or staff member to site, one copy kept in their staff or volunteer file and the other passed to the medical coordinator to be placed with the medical questionnaire for the medical meeting and sent to the field.
- A tick will be placed on the database that the form has been received.

### **Screening**

All medical forms will be assessed and discussed at the pre-expedition medical meeting. The team of medics will discuss any problems with the medical forms and come to a discussion with regard to any problems or restrictions on in-country sites. They will also suggest additions to the medical kits in light of any pre-existing health problems.

### **Insurance**

All staff and volunteers are strongly advised that they have adequate travel insurance including Medical Repatriation amounting to more than £1 million. They will also need to be reminded that any conditions that they have not disclosed to their insurance company

will result in them not being covered should their health condition pose a problem. We have purchased Medical and Repatriation cover to a value of £1 million each on behalf of all our volunteers and staff to ensure they are correctly covered.

## **2. Medical facilities in country**

This information will be checked by our in country representative prior to the 2010 expedition.

### **Facilities at St Katherine**

*Facilities for incidents at Fox Camp or in the wadis within 100km of St Katherine*

#### **St Katherine's Hospital**

Address: opposite Plaza Hotel, Raha Plain

Telephone: 069 347 0263

Small hospital situated in the centre of St Katherine. Equipped with a 24 hour casualty centre, X ray facilities and a surgery room. Holds stock of anti-venom for snakes and scorpions. Main contact Dr Sameh Farahat (Tel 010 929 1989).

### **Facilities in El Tur**

*Facilities for incidents at the Gulf of Suez end of trek surveys*

#### **El Tur General Hospital,**

Address: Centre of El Tur

Telephone: 069 377 1796

This is a large general hospital situated in the centre of El Tur the regional capital. There is a 24 hour accident and emergency centre and operating theatre.

### **Facilities in Dahab**

#### **Hyperbaric Medical Centre**

Tel. 069 366 0922/3

Emergencies: 012 212 4292

The Hyperbaric Medical Centre is run by English speaking doctors (Dr Adel Taher and Dr Heikal Tawab; 010 143 3325) who can provide GP cover for the volunteers. The Medical

*This document was last updated on 26 January 2011*

Center which is only 15 minutes away from Dolphin Camp is suitable for all decompression problems likely to be encountered.

### **Facilities in Sharm el Sheikh**

Sharm el Sheikh International Hospital  
Address: El Salam St., Sharm el Sheikh, South Sinai, Egypt  
Tel: 069 366 0894/5 or 366 1624/5

The hospital is equipped with a 24hr emergency room, CT scan, renal dialysis, operating theatre, delivery suite, x-ray facilities and a stock of common medicines required in an emergency, out patient care and a recompression chamber. Overall, the hospital is adequate in dealing with most common medical emergencies and a place where a casualty could be stabilised before transfer to a western standard hospital in life threatening situations.

### **3. Medical cover at each site**

There are three sites that are being run in the 2011 season: training courses at the Fox Camp in St Katherine, trek surveys from the Gulf of Suez to the St Katherine Protectorate and marine training courses at Dolphin Camp at Dahab. The Fox Camp is 5 minutes from the St Katherine's hospital where there are English speaking doctors and there will always be a standby vehicle available. Likewise the Dolphin Camp is only 15 minutes by vehicle from English speaking doctors and a recompression chamber. The biggest risk is on the trek surveys and an English speaking accident and emergency nurse from St Katherine's hospital will be with the teams at all times. When the teams are spread out over a 4km transect this person will be based in a vehicle (or on the two days when there is camel access only on a camel!) in the centre of the group. He will have refrigerated snake and scorpion antivenim with him as well in case there is a need to administer before reaching hospital. In addition he will be carrying an extensive First Aid kit the contents of which will have been approved by the Operation Wallacea medical consultant.

### **4. Evacuation Procedures**

Once a major incident or emergency is identified the expedition coordinator, Dr Samy Zalut must be informed immediately and he will then take overall control as Incident Coordinator. The medical officer on site with the casualty will decide the level of emergency evacuation required for the patient. These should be classified as **Emergency** (requiring the fastest possible transfer to either hospital facilities in Sharm el Sheikh, St Katherine or Dahab), **High Priority** (requiring the patient to be moved at the fastest speed

possible by land) or **Medium Priority** (requiring the patient to be moved as quickly as possible without the need to hire special vehicles to the nearest appropriate medical facilities).

In all Emergency or High Priority case 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 patients. The absence of the Medical Officer from the site whilst the patient is accompanied to the hospital will require the suspension of all high risk activities at the site until the Medical Officer is back on site. In the case of a Medium Priority evacuation (e.g. transfer to a hospital for a confirmatory X-ray) another staff member other than the Medical Officer may be nominated to accompany the patient.

The Expedition Coordinator on being informed of the major accident or incident should immediately contact the relevant insurance company 24 hour contact number to explain the situation and obtain the necessary authorisations for the evacuation actions necessary. He will then contact the relevant organisations required to implement the evacuation and receive the patient. In addition he is responsible for informing the Operation Wallacea UK office that there is an ongoing emergency and the contact person given by the patient on their personal details form of the actions being taken and the state of the patient. He is also responsible for ensuring that all relevant Egyptian 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.

### **Evacuation from St Katherine's**

Should an incident occur in St Katherine during one of the training courses being run at the Fox Camp or on short treks in the nearby wadis, the hospital used would be the St Katherine's Hospital. There is always a standby vehicle available, which would be used for all levels of emergency.

### **Evacuations from trekking surveys**

**Gulf of Suez to St Katherine:** If the incident occurs in one of the wadis being surveyed then evacuation by 4 wheel drive vehicle would ensure the quickest possible evacuation. The areas being surveyed by the Operation Wallacea teams lie in Zone C of Sinai, which was established under the Camp David Peace Agreement and is under the control of the United Nations. Helicopter flights are banned unless authorised by the UN in advance.

Even with advanced authorisation such an evacuation would take time since there would be last minute checks and permits to agree. In all cases the trek teams are supported by 4 wheel drive vehicles and in most cases these vehicles will be within 2 km of all the teams. The survey teams will be spread out over a maximum distance of 4km with a vehicle and Medical Officer in the middle of the teams. If an emergency occurs the vehicle will be despatched to the nearest hospital (either Tur or St Katherine depending on where along the trek route the incident occurs), which is never more than 2 hours away at any points on the trek. There are two days when the groups will be supported by camels since vehicles cannot access the wadis being studied. On these occasions the vehicles will be stationed at the closest accessible point to the teams and the evacuation will be done by Bedouin staff carrying out the patient on a stretcher to the vehicle.

**Western Deserts:** If an incident occurs in one of the wadis being surveyed then the 4 wheel drive vehicle accompanying the survey teams would drive the casualty to the nearest hospital. Depending on the location of the teams at the time of the incident, this could be as far away as Cairo, approximately 4 hours away. If the survey team are not accessible by vehicle, the guides will carry the casualty out to the vehicle on a stretcher.

#### **Evacuations from Dolphin Camp, Dahab**

All shore diving activities will have a vehicle on standby with oxygen and First Aid kit on board. None of the dive sites are more than 50 metres off shore and transfers to the hospital at Dahab can be done in under 15 minutes.

### **5. Reporting and logging**

During evacuations it is crucial that a log is kept on site and by the Egypt Project Manager detailing times, personnel involved and all relevant details of each step of the evacuation process.

All medium priority evacuations must be logged by the medical officer and included in the post-season report. For high priority and emergency evacuations the medical officer, Site Manager, Egypt Project Manager 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 Egypt Project Manager will collate the reports of all high priority and emergency evacuations and will submit the final report to the UK office. The Egypt Project Manager will also submit the costs and report to the insurance company for re-imbursment 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.

### *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 areas 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 Egypt Project Manager 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 Egypt Project Manager 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 procedures than this.

## **7. Contact numbers**

All contact details are provided to volunteers prior to the start of the field season by email. They are also available on the website [www.opwall.com](http://www.opwall.com)