





MEETING ABSTRACTS

Review of the Senegalese Military Emergency Medical Team (EMT) Deployment Following a Tanker Explosion in Freetown, Sierra Leone

Rashidatu Fouad Kamara MD, MScTID^{1,2} , Boniface Oyugi PhD^{1,3} , Ibrahim Franklyn Kamara MD, MSc⁴ , Mustapha Kabba MD⁵, Pryanka Relan MD, MPH⁶ , Thierno Baldé MD, PhD¹

1. World Health Organization, Regional Office for Africa, Emergency Preparedness and Response Program, Brazzaville, Congo
2. Rey Juan Carlos University, Madrid, Spain
3. Centre for Health Services Studies (CHSS), University of Kent, George Allen Wing, Canterbury, United Kingdom
4. Sierra Leone World Health Organization Country Office, Freetown, Sierra Leone
5. Sierra Leone Ministry of Health, Freetown, Sierra Leone
6. World Health Organization, Headquarters, Geneva, Switzerland

Background/Introduction: In November 2021, a tanker exploded in Freetown, injuring and killing people. The WHO facilitated a seven-week first deployment of the Senegalese military to support the Ministry of Health (MOH) in providing care to the wounded in three referral hospitals.

Objectives: Review the deployed team's processes and outputs of medical care provided to burns patients.

Method/Description: This is a cross-sectional After-Action Review (AAR) debrief of the deployment, including the

WHO and MOH staff (n =14) in a virtual workshop. Six thematic areas: mobilization, deployment, coordination, case management activities, national capacity, and community acceptance were analyzed.

Results/Outcomes: The WHO facilitated the team's deployment and mobilized medical supplies and equipment whilst the MOH provided accommodation and logistics through collaboration. The team dispensed their functions with professionalism, adapted to the environment and available resources, and augmented the care provided by the available health workers. They offered additional care: reconstructive surgery, pain management, palliative and wound care, rehabilitation, physiotherapy, and psychosocial counselling, which were initially inadequate. 87 out of 155 patients were discharged home at the end, the national clinicians acquired additional skills, and the community appreciated the team. Despite being perceived as a weakness, the language barrier did not hinder the patient-doctor/nurse relationship or the provision of clinical care.

Conclusion: This sub-regional response had significant benefits, including speed, political acceptability, and health context experience to support rapid and safe deployment. Mechanisms to facilitate rapid and quality-assured deployment of EMTs at regional and sub-regional levels in collaboration with WHO should be strengthened in region to support future responses.

Prehosp Disaster Med. 2022;37(Suppl. 2):s84.

doi:[10.1017/S1049023X22001832](https://doi.org/10.1017/S1049023X22001832)