

Wound care specialists are needed and have a role to play in disaster zones

Eimear Murphy

When you hear of the latest humanitarian disaster, do you listen and think, 'that is terrible, I should do something to help by raising money, or raising awareness'. But, have you ever considered that your skills as a wound care nurse may be vital in such a situation? I did, and now I implore you to reconsider how you could help, because as an experienced wound care practitioner you have knowledge and abilities that could be of great practical help.

In the last five years I have assisted in disaster relief work following two earthquakes, both catastrophic in terms of humanitarian need. In northern Pakistan in 2005 and earlier this year in Port au Prince, Haiti. Natural disasters are described by Wisner et al (2004) as occurring 'when hazard meets vulnerability'. Almost 110,000 were injured in Pakistan. The number of injured in Haiti remains a difficult figure to identify, but recent reports suggest over 220,000 died and casualty numbers are generally greater. All of these injured were the most vulnerable, the poorest, the uneducated before the earthquake. Post quake, not only are they likely to have lost one close family member, but they have no homes, and have a high chance of a wound caused by the earthquake. The health service in such poor and underdeveloped countries is totally inadequate.

The World Health Organization (WHO) identifies that post quake surgical needs are important in the first few weeks. Figures from MERLIN's

(Medical Emergency Relief International) field hospital in Haiti show above 150 plastic and orthopaedic operations were undertaken in a period of six weeks. These were mainly wound debridement, microvascular flap coverage and skin grafting. All of these in the UK would be transferred to the nurse lead service once operated.

MERLIN and BAPRAS (British Association of Plastic and Reconstructive Surgery) teamed up and together they brought out teams of plastic surgeons, anaesthetists, orthopaedic surgeons, theatre nurses, ward nurses and specialist wound care nurses to work in a temporary tent on a tennis court, nicknamed 'Wimbledon'. These teams travelled from London and stayed an average of 10 days to assess, operate, and care for those in need of specialist wound care issues.

Volunteering in a disaster zone is not for the fainthearted. It is challenging in every sense. It tests you mentally and physically. It leaves you exhausted and relishing home comforts. But what you, as a specialist wound care nurse, can get and do is immeasurable. Wounds are wounds, people are people. Obviously there are differences due to environment, equipment and management, but we are professional and are capable of being flexible and innovative. We are generally independent practitioners who are used to making decisions on wounds. In a field hospital, this can be transferred into assessing the need for surgery, teaching local staff basic wound care skills, preventing excessive bandaging, improving mobility, reducing scarring, recovering independence. Because we will always remain nurses, there may also be the need to return to our ward skills, to become a

porter, assist a physiotherapist, as well as assisting a surgeon.

Volunteering is generally thought of as a few hours during the week, or giving up months at a time to travel to third world countries to help with maternity clinics or immunisation. Nursing and wound care management is seldom thought of as a necessary skill in volunteering, but through specialised organisations such as the Overseas Committee at BAPRAS, your skills can be put to use in the most appropriate of ways.

Volunteering is impossible for some due to personal or professional commitments. However for others, 7–10 days per year may be possible. You can travel to places you would never have thought of going to before. You fall in love with them as you learn their heart and soul as well as their plight. You build relationships within your team, and with members of other non-government organisations (NGOs), for example, you may work with the United Nations, Médecins Sans Frontière, and the Red Cross. You learn that not every dressing in your hospital formulary is necessary; that you can be flexible; that you can be hard, but also soft. You appreciate a hot shower and a cold drink. You may not be able to speak Urdu, Creole or even French, but you learn that there are other ways of communicating.

With short-term volunteering, although you only stay a short while, you can change lives for the better and make a positive difference. **WUK**

Reference

Wisner B, Blaikie P, Cannon T, Davis I (2004) *At Risk — Natural hazards, people's vulnerability and disasters*. Routledge, Wiltshire

Eimear Murphy is Lead Nurse for Plastic Surgery at the Chelsea and Westminster NHS Foundation Trust and Secretary of Plastic Surgery Emergency Relief Group under BAPRAS