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NO-FEAR Network Of practitioners For Emergency medicAl systems and cRitical care

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The NO-FEAR project



NO-FEAR is currently the only Practitioners' Network focused on Emergency Medical Care.

It is a complex chain provided by:

- Emergency Medical Services professionals
- Hospital staff
- Together and in close collaboration with many other players such as police, firemen, rescue services and even citizens

NO-FEAR pillars and transversal activities



Ethical, human, social and legal issues

Acute care of the patient

Acute care operations in security related incidents

Training and education of personnel and volunteers

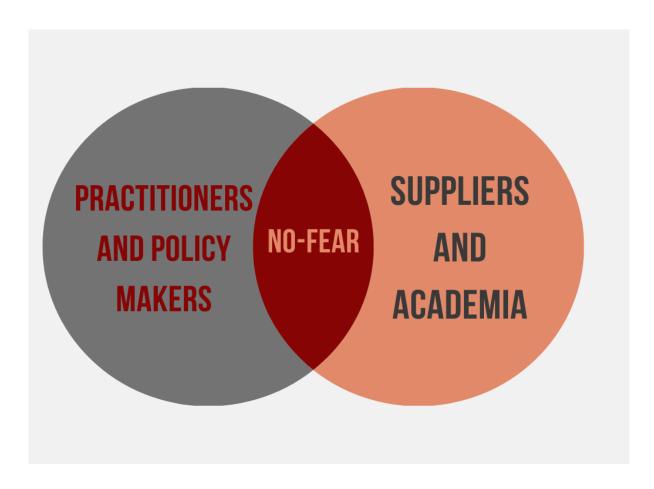
Innovation monitoring and uptake plan





The NO-FEAR networks









For each pillar



Lessons learnt and current needs with focus on new threats



Current and future innovative solutions



1



Workshops, exercises and demostrations





Feedbacks and recommendations for practitioners and suppliers





DRS02 Call: What NO-FEAR can do?



- Lessons learned and identified by our network of practitioners also with respect of the COVID-19 outburst;
- A growing repository of Tools in our portal;
- SMEs and startups;
- A COVID-19 resource center on our portal;
- Hackathons (monitoring);
- Good practices exchange via webinars;

DRS02 Call: What CRIMEDIM can do?



- A WHO collaborating center;
- A whole team of experienced medical practitioners in the field of emergency, disaster and humanitarian medicine;
- A research center in the field of emergency, disaster and humanitarian medicine
- A training center for medicine education for medical and nursing students also with digiatal tools;
- A master course in Disaster medicine (EMDM), organizing a full scale simulation







DRS-02: the NO-FEAR perspective (1/3)



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DRS-02: the NO-FEAR perspective (2/3)

During the Rome Demonstration (11.2019) we vorganized a session on Patient Handover. Gaps and Needs were analyzed according to the STS (Socio-Technical System) approach.

Most relevant G/N for DRS02 subtopic 3 are:

- Formal agreements/interoperability of systems/tools between EMS and Hospital
- •Software tools to fill a Patient Clinical Record by the field operators to be uploaded into the ED info system
- DSS for pts distribution in hospitals with required medical capability and available resources
- Common approaches and training between LEAs, Fire Services, EMS and Hospitals







DRS-02: the NO-FEAR perspective (3/3)

Moreover:

- New diagnostic tools specific for triage
- Wearable medical devices to measure and register clinical parameters
- Rapid assessment of truncal penetrating trauma
- Serial re-triage instead of triaging the patient just one time

- REBOA on the field
- Intrabdominal foam for hemorrhage control
- Cooling the patient in cardiac arrest
- •TTT rule (Time, Treater, Treatment) to be used when resources are scarce





DRS02 Call: What UCSC/FPG can do?



- A 1400 bed hospital (largest in Rome)
- Emergency Trauma Center level II
- High level experienced researchers on disasters and medical security, ethical and legal requirements of security related projects
- Medical school for doctors, nurses and other HC personnel
- Gemelli Training Center with advanced didactic technologies
- Experience in training and demonstration organization









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Thank you for your attention

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