

## **THE ROLE OF THE PARAMEDIC IN MINE ACTION PROGRAMS – A REPORT FROM ANGOLA**

Humanitarian Aid Medical Development (HMD) has developed a simple thesis: that the role of the paramedic in mine action programs can be expanded and made a great deal more valuable.

### **PROBLEMS WITH THE ROLE OF PARAMEDICS**

The core concept of this project is that paramedics can become a more “value-added” addition to the demining team by practicing their skills more effectively and integrating them more fully with the demining team. Too often, it is asserted, that paramedics in a mine action programs are underutilized resources who are sometimes hired as add-ons to the program, are ignorant of other demining functions, and who can, if not nurtured or allowed to enhance their capabilities, easily become medically “de-skilled.”

Philip Garvin, Director of the HMD explains that since paramedics are often after thoughts (added only in case there is a landmine injury), they are neither integrated into the routine of mine action activities, nor do they get a chance to practice their own trade. At best the paramedic becomes inactive; at worst he loses confidence in his own techniques and may be as shocked by a landmine accident as the victim!

### **THE HMD PRESCRIPTION**

HMD’s representative, Lieutenant Colonel Jane Davis has devised a program which her organization believes alleviates both problems, and results not only in developing a much more competent and confident paramedic, but one who is a multi-faceted and valued member of the mine action team. The pilot program was put into action in Angola, under the auspices of HMD and HALO Trust.

### **MEDICAL TRAINING FOR THE PARAMEDIC**

The first goal of the HMD Paramedic Training Program was to enhance and focus the medical skills of the team paramedic. The central theme of this phase was standardization. Training techniques, medical procedures, supplies, equipment, and even training devices were standardized so that training could be repeated, evaluated, and transferred.

HMD created inexpensive trauma kits which paramedics could count on to contain all necessary supplies. The major kit (a rucksack for the care of a major injury) cost \$300 while the minor kits (for the day-to-day care of deminers) cost \$100 each.

The training aids and corresponding supplies were made as simple as possible, often using color-coded devices. Each demining location was provided with a mannequin for life-like and repetitive training. The HMD procedure refined training to essential medical

tasks, and concentrated on achieving complete mastery of them. Colonel Davis believes that paramedics will often only have a short time to prevent loss of life, therefore skills, which might distract from more necessary and critical actions, were consciously avoided.

The training course was designed to be repeated after three months and then again every six months, thus employing the concept of short, frequent retraining courses. Through application of these techniques, HMD officials felt that the paramedics were not only more confident and more capable of saving lives, but that the deminers were happier because of the enhanced camp hygiene which became a more practiced domain of the local paramedic.

## **CROSS TRAINING OF THE PARAMEDIC**

This leads to the second major goal of the HMD-HALO Trust effort: to extend the role of the paramedic far beyond that of a first aid provider.

First of all, HMD wanted the paramedics to be seen in the primary health role *within* the team. Paramedics were trained to perform daily tasks which would improve camp hygiene and promote wellness among team members. They were trained to oversee water purification, proper latrine selection and maintenance, and to dispense proper elementary medicine.

Secondly, it was decided that the best way to expand the paramedic's concept of understanding the people and their problems, was to work among them. Sometimes they merely recorded the place of origin and route of displaced persons, but such data is critical and the interpersonal and confidence-building skills of the paramedics gained immeasurably.

Thirdly, the paramedics were sent periodically and regularly into local hospitals. There the effect was dramatic and somewhat unexpected, for while paramedics gained invaluable experience and on-site training, the cooperating hospitals were soon improved by the work and skill of the paramedics, especially in the area of record keeping. Paramedics brought record-keeping skills (borne of mine action training) with them and often initiated such procedures in the hospitals they were supporting part-time. The Angola paramedics started keeping patient records at 20-a-month, but soon expanded to 60-a-month. These records provide critical and long-ignored data for future mine action projects in Angola.

Finally, the Angola paramedics were tasked to support local mine awareness activities. Mine awareness and victim assistance often go hand-in-hand and certainly complement one another. Using paramedics as supporting members of the mine awareness efforts, not only was cost-effective, but also allowed for cross-over ideas from victim assistance to support mine awareness concepts and vice versa.

## **THE FUTURE OF THE HMD ROLE FOR PARAMEDICS**

The HMD Angolan model of paramedic training has its critics. There are those who say that the paramedics could be employed best by learning more advanced medical procedures to be employed in tending a traumatized victim, and not by expanding their role to other functions of mine action. But HMD makes a convincing case for taking someone who is often seen as secondary to other demining personnel and making him a more integral part of that effort. Such a role enhancement would seem to increase mine action flexibility, improve relations with local civilians and hospitals, integrate the various mine actions teams, build a greater esprit de corps, facilitate paramedic training, and enhance the esteem and confidence of mine action paramedics.