



WELCOMING REMARKS

By

Dr. TJAMA TJIVIKUA

AT

**THE OFFICIAL HANDOVER OF THE AMBULANCE
SIMULATOR**

WEDNESDAY, 17 NOVEMBER 2010

11H00

POLYTECHNIC CAMPUS

Master of Ceremonies

Mr. Marius Alberts, *Managing Director, ABSA Bank*

Mr. Jerry Muadinohamba, *CEO of MVA Fund*

Dr. Oliver Ruppel, *President of Auas Rotary Club*

Distinguished Delegates representing Government

Mr. Trevor Chika, *Acting Head: Emergency Medical Rescue Services*

(Ministry of Health and Social Services)

Representatives of Parastatals and Private Industry

Members of the media

Ladies and Gentlemen

The evolution of the emergency medical services (EMS) system has been a slow process. Although modern EMS initially developed during Napoleon's time to aid injured soldiers, few major changes occurred in EMS until the 1960s. Between 1960 and 1973, a number of medical, historical and social forces converged, leading to the development of a more structured EMS system, especially in the United States of America. These forces have had a tremendous impact on the structure and functioning of the EMS system, resulting in profound public health implications today.

Modern EMS is considered to have started with Jean Dominique Larrey, Napoleon's chief physician, who organized a system to treat and transport injured French soldiers. During the American Civil War, the Union Army developed an organized system to evacuate wounded soldiers from the field. Lessons learnt during the Civil War were applied as civilian systems formed during the late 1800s. By 1960, a patchwork of unregulated systems had developed, with services sometimes being provided by hospitals, fire departments, volunteer groups, or undertakers.ⁱ

Physicians staffed some ambulances, while others had minimally trained or untrained personnel. Despite the major expansion in health care facilities and emphasis on medical specialization after World War II, the EMS system has not received much attention or innovation, especially in developing countries like Namibia.

Emergency medical services (EMS) are a type of emergency service dedicated to providing out-of-hospital acute medical care and/or transport to definitive care, to patients with illness and injuries which the patient, or the medical practitioner, believes constitutes a medical emergency. The use of the term *emergency medical services* may refer solely to the pre-hospital element of the care, or be part of an integrated system of care, including the main care provider, such as the hospital.

Emergency medical services may also be locally known as: first aid squad, emergency squad, rescue squad, ambulance squad, ambulance service, ambulance corps or life squad.

The goal of most emergency medical services is to either provide treatment to those in need of urgent medical care, with the goal of satisfactorily treating the present conditions, or arranging for timely removal of the patient to the next point of definitive care. This is most likely an emergency department at a hospital or another place where physicians are available. The term emergency medical service evolved to reflect a change from a simple system of ambulance providing only transport, to a system in which actual medical care is given on the scene and during transport. In some developing countries, the term is not used, or may be used inaccurately, since the service in question does not provide treatment to the patients, but only the provision of transport to the point of care.ⁱⁱ

In some parts of the world, EMS also encompasses the role of moving patients from one medical facility to an alternative one; usually to facilitate the provision of a higher level or more specialized field of care. In such services, EMS is not summoned by members of the public but by the clinical professions (e.g. physicians or nurses) in the referring facility. Specialised hospitals that provide higher levels of care may include services such as neo-natal intensive care (NICU), pediatric intensive care (PICU), state regional burn centers, specialized care for spinal injury and/or neurosurgery, regional stroke centers, specialized cardiac centers, and specialized/regional trauma care.

Ladies and gentlemen,

The development and progress in Emergency Medical Care - spearheaded by an institution which strives to lead the way for excellent education, applied research, innovation, and service, in partnership with and supported by industry for the construction of an ambulance simulator in this partial or instance - is what brings us together at this occasion. We appreciate this gesture of support: it is in line with our vision to provide students with skills they need to be competent graduates in their future careers. Without corporate partnerships it would be difficult for the Polytechnic to provide timely state-of-the art equipment for applied learning.

As I mentioned the last time when we announced this noble initiative, registrations with the Professional Body (i.e. the Health Professions Council of Namibia) indicate that there are approximately 321 Emergency Care Practitioners for about 2.2 million citizens, excluding the tourism industry. That gives us a ratio of 1: 6900, or simplified to 1:7000.

About 65% of the 2.2 million people in Namibia live in rural areas. At the same time, 10% of rural households take up to three hours to travel to the nearest hospital / medical facility due to a shortfall in facilities and skilled personnel. Therefore, it goes without saying that the need in this particular field requires urgent attention.

According to statistics which were released recently by the MVA, during the whole of 2009 there were 525 fatalities on our roads; just 73 more than at the start of November 2010. These statistics show that the majority of deaths resulting from road accidents are among young people aged between 21 and 30 years. The Namibian average rate of fatalities is between 250 and 300 deaths per annum as a result of road accidents. This simply means that the 2009 figure of 525 fatalities is almost double our usual annual average. If the figure for this year was at the beginning of November 73 fatalities lower than the whole of last year and we are now approaching the December holidays, then the situation is more serious than most of us care to think about. In any event, these figures are too high for the country's low traffic volume and human population and we must investigate the causes of the incidents. Be that as it may, the case for emergency medical services (EMS) cannot be overstressed.

Ladies and gentlemen,

It has been 10 years since the first training for Emergency Care Practitioners was initiated in Namibia. Today we improve on that training by introducing a simulation ambulance in the Emergency Medical Care Programme at the Polytechnic.

Our current situation presents a significant lack of skilled professionals to serve the communities in pre-hospital situations. The Polytechnic, together with its partners and stakeholders, has taken on the responsibility to uplift and meet our country's needs in this regard.

Ladies and Gentleman

Given Namibia's extensive distances between towns and its lack of resourceful transport infrastructure, the need for paramedics is more than apparent. The urban and rural areas of Namibia are in dire need of more emergency care practitioners, and our graduates will constitute the core from which highly skilled professionals would be developed and become available to serve our communities.

The benefit of the simulation ambulance is that the student will be able to become confident in his/her clinical environment by spending time with the patient in the back of an ambulance before they proceed to experiential learning. The students will work collectively on a patient to share experience and by so doing they will gain confidence and skills. The blending of theory and practice will also enable them to move into the practitioner role without having to go through a transitional phase when the experimental learning phase starts.

Master of Ceremonies,

In summary, the simulation ambulance will be used for the following purposes:

- i. To ensure that students are trained to the required standard;

- ii. To expose of the profession and the qualification at the Polytechnic through career fairs, trade shows and so forth;
- iii. To demonstrate to the public, business and other organisations on emergency medical care; and
- iv. To provide short training courses for the purpose of further professional development of current practitioners.

The Polytechnic currently has 40 students enrolled in the National Higher Certificate programmes and envisages extending its training to both lower and upper levels. The simulation ambulance will be used to train all the students to the required level, thus over time reducing the dire shortage outlined above.

The initiative also brings together health and education, two of the most critical priority social areas in the country.

Finally, let me once again thank ABSA Namibia, the MVA Fund, Bezer's Trailer and Body Craft for the unwavering and professional support.

I welcome you all warmly and thank you for your kind attention.

- **End.**

References

ⁱ www.aphapublications.org (accessed on 16 November 2010)

ⁱⁱ www.wikipedia.com (accessed on 16 November 2010)