

Emergency and Common Medical Care and Security Measures for Persons in Migrant Camps in the Czech Republic

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Abstract

Background: In reaction to the large increase of migrants in Europe in the year 2015, it was necessary to make some arrangements to reduce the security and social risks possibly ensuing from the migrant inflow into the Czech Republic. The migrant camps were established and several services started to be provided, including common and emergency medical care. The common medical care is provided by medical staff in camps, the ambulance services are provided by the local ambulance service on the basis of a special contract. Because of the increasing number of events when the ambulances were abused, it was necessary to limit the amount of such events. An unusual solution with checking the necessity of ambulance interventions was accepted with good results.

Methods: The arrangement of verifying the legitimacy of the ambulance intervention was introduced and accepted after several cases of abusing the ambulance service by people in migrant camps were encountered. The evaluation of the necessity of sending an ambulance car to the camp was made by discussion between the head doctor in the camp and the ambulance service control centre.

Results: The experience of doctors in refugee camps shows that the steps taken in order to prevent the abuse of emergency services work well. Simultaneously, no delay in the delivery of acute medical care has been registered after the agreed measures were adopted.

Conclusion: This article focuses on the specific aspects of the system of common and acute medical care in the camps for refugees and migrants in the Czech Republic. In reaction to the large increase of migrants in Europe in the last year, it was necessary to make some arrangements to reduce the security and social risks possibly ensuing from the migrant inflow into the Czech Republic. First, it is important to have suitable facilities for migrating people. The fundamental requirement for a human being is medical care. Because of frequent abusing ambulances—where anesthesiologists work-by migrant people in camps, special rules and agreements for acute medical care in migrant camps had to be adopted. Those rules, unusual in the Czech Republic, have already saved a significant number of senseless ambulance interventions.

Keywords: Medical care for migrants; Pre/hospital medical care; Ambulance; Refugee facilities

Introduction

In reaction to the large increase of migrants in Europe in the last year, it was necessary to make some arrangements to reduce the security and social risks possibly ensuing from the migrant inflow into the Czech Republic. First, it is important to have suitable facilities for migrating people. The fundamental requirement for a human being is medical care. This article focuses on the specific aspects of the system of common and acute medical care in the camps for refugees and migrants in the Czech Republic. Because of abusing ambulances—where anesthesiologists work-by migrant people in camps, special rules and agreements for acute medical care in migrant camps had to be adopted [1].

Migrant camps in the Czech Republic

The existence of institutions for foreign people with invalid or non-existing documents is not a new thing. There have always been people with problematic or unknown identity in every country. Migrant camps have been existing in the Czech Republic for many years and there are similar facilities in other countries in the whole civilized world. No country wants foreign people with uncertain identity staying within

its area. The existence of migrant camps is anchored in the Czech law which is fully compatible with the European law [2].

Ordinarily, there are up to 3 migrant centers with about forty beds each operating in the Czech Republic. Foreign people with no or invalid documents revealed by the police anywhere in the Republic are sent by the police to the migrant centers, accommodated and fully treated there until their identity is checked by their embassy or until they receive an asylum in the Czech Republic, or until they are deported back into their own country. Persons in the centres stay there for a period of a few days up to maximum 545 days in very rare cases [3]. Their file and

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the life quality is checked by the Ombudsman. The migrant centres are established and financed by the Ministry of Interior.

The migrant camps provide people with a number of free services. Social workers help migrants deal with the government institutions; available are translators, psychologists, lawyers, teachers, people responsible for helping with accommodation, medical staff and others [4].

Every person staying in those centres is a unique human being and the rate of his/her education, knowledge, skills, upbringing and behaviour varies significantly.

The large increase of migrants from the Middle East and other areas during the year 2015 lead to some changes in the camp facilities in general as well as in providing the medical care in camps in particular. The main change was the amount of persons who had been staying in camps. There was a requirement to increase the capacities. The Czech Ministry responded by moving into new spaces and by hiring new employees. The centre where the authors hereof worked grew very quickly from the capacity of 40 beds into a large facility providing 600 beds. This situation—the rapid increase of accepted people in migrant camps—was nothing new. A similar situation was seen during the war in Balkan peninsula, when there were hundreds of families applying for the asylum in the Czech Republic.

Medical care in migrant camps in the Czech Republic

There are two main chapters of medical needs in migrant camps—statutory inspections and routine medical care.

The statutory inspections are obligatory by law. Every person coming into the camp is examined by a doctor. Provided is screening for tuberculosis, venereal diseases and other infectious diseases, and persons are physically examined. They are asked about their medication, diseases, allergies, diets, special needs and habits. The obligatory question is about addictions. The other statutory inspection takes place when a person is leaving the camp [5].

The routine medical care means dealing with common problems similar to those in general practitioner's practice. The most common troubles which lead foreigners into the consulting room cover common cold, dyspepsia or minor injuries. More interesting troubles for the authors were scabies, lues, gonorrhoea, gout, self-harm dealing and the most extreme—suicidal attempts.

If there appears a problem which the doctor in the migrant camp is not able to deal with, there is a network of contractually bound specialists in the near surroundings and, on top of it, of hospitals, laboratories, and a contractually bound pharmacy.

The system of medical care had to be changed recently. When the amount of accommodated persons in migrant camps was up to 20 or 40 people, the medical care was provided by contractually bound general practitioner. The doctor from very near surroundings came into the migrant facility in contracted situations. When the camps accommodated, handled and treated about 400 people or more each, it was necessary to adapt the system of providing medical care in the place. A small health centre was established right in the camp. There are two fully qualified nurses in the non-stop service. At least one physician is present for 8 hours every day and then available on the telephone, ready to come without delay. The equipment is comparable to that of a good GP practice. There are temporarily available spaces and possibilities for isolation and quarantine for sick migrant people with separated sanitary facilities. In some cases the medical staff visit migrant people in their rooms—medical visits are available. The medical centre in the camp

is not a hospital and all serious conditions requiring hospitalization are moved into hospitals. The medical care there is provided separately to foreigners and is funded from the budget of the Ministry.

Emergency and acute situations

There are situations which need that an ambulance service be called: for example serious injuries or serious heart disorders. Another frequent situation for calling an ambulance car is linked with unlawful acts, violence and suicidal attempts. In such cases medical staff in the camp provides the first aid until the ambulance crew comes. There are special “first aid sets” in the health centre in the camp equipped with defibrillator and with other tools for providing the first aid [6].

Special provisions for emergency and acute situations

There was a need to take special precautions against the abuse of emergency service after several such cases were encountered. Foreign people accommodated in camps can use telephone with no limitation and some of them tried to use an ambulance as a means of escaping from the camp. After some cases of an ambulance waiting in front of the entrance gate of a migrant camp when no one of the employees knew about any medical problem inside (including health professionals) and the ensuing flagrant abuse of the ambulance service, the following convention was agreed and adopted: If there is a medical problem in the migrant camp the disabled person has to contact the medical staff. The medical staff will assess the situation and then call an ambulance. The emergency services control center will not accept any emergency call from our camp except for the calls from the camp's health centre. If someone else in the camp calls for the ambulance, the dispatcher first calls the camp's health centre staff so as to check the situation and only then may send the ambulance car with a doctor—anaesthesiologist or with a paramedic according to the severity of the particular medical condition.

This quite unusual step has already helped to prevent needless trips of ambulance cars several times. Also money from the state budget has been saved.

Case History

There are two cases of urgent situations in our camp where the special arrangement against abusing ambulances was used:

“Bubbleman”

Some foreign people in the camp called (in a very bad English) for an ambulance because of a man who had supposedly eaten an unspecified amount of washing powder. No staff in the camp knew anything about it. The emergency service control center asked the camp's medical staff about it by telephone.

The camp's nurses asked the camp's security and social workers fast and got a message about a man “with bubbles all around his head”. The camp's medical team went to check the man with a supposed medical problem and a nurse confirmed that there was a hurt person in the camp; an ambulance immediately set off [7].

The ambulance crew found a man with foam at the mouth, conscious, stuffy and pale. The camp's medical staff had provided the first aid including the case history. The ambulance arrived in a good time. There was a little delay due to the checking by telephone; but the nurse on duty in the camp specified the supposed patient's location within the camp fairly well and the ambulance crew didn't have to spend any additional time by repeatedly asking about the way to the patient.

The man was moved into a hospital and treated there. He tried to flee from detention; the reason for eating the washing powder was to get to a hospital. The man didn't escape because of police security in the hospital.

“Jumper”

A young man from Morocco had received a decision from the police concerning his deportation. There were some problems with his illegal drug dealing in the Czech Republic and some other problems, including his problematic behaviour in the camp. His reaction to the deportation letter was an urgent visit in the camp's surgery where he claimed many urgent medical problems. The medical staff examined him properly (including ECG and others) and found no significant medical problem. The man's health state could not be a reason against deportation [8].

The man was not satisfied with the examining and started haggling with the doctors and complaining about them. The doctors's statement about his medical status was final and the man was asked to leave the medical centre escorted by the security service.

The camp's medical staff was summoned into the accommodation part of our camp because of a “dead man after a jump out of the window”. There was the Morocco man lying on his back on the ground under the window. The man was unconscious, but without any manifests injury. People from the camp's security service called for the ambulance. The emergency services control center didn't sent the ambulance car immediately because of our applicable agreement. The dispatcher contacted the camp's medical staff and asked about the severity of the injury.

Doctors fast examined the man from Morocco closely and there was no injury. Reflective responses to common stimuli were present. The only unusual sign was firmly closed eyes, but this could be an act of simulation. Also witnesses testified that the “jump” was not a proper jump. The man climbed down from the ledge in the first floor and jumped from two metres on his feet and after this lay down. No first aid was necessary. The unconsciousness ended after a short one-way talk [9].

The medical staff called off the ambulance. The following examining was possible right in the camp including the X-ray. So, the special

applicable agreement prevented another wasted trip of an ambulance and some money from the state budget.

Conclusion

During the last year there was a big increase of migrant people in Europe and the Czech Republic. Foreign people with no or invalid documents are accommodated for an essential period of time in special facilities—migrant camps. The migrant camps are places where all necessary humanitarian care including health care is provided. Because of an increasing number of cases of abusing ambulance crew's services, an agreement was concluded between the County's emergency service and the medical facilities of the Interior Ministry. Namely, that an ambulance is dispatched into the camp only after verifying the seriousness of the health condition of a foreigner. This is a very rare agreement in the Czech Republic. Since the agreement came into operation, some cases of abuse of the emergency service have already been prevented and some power, means and money have been saved.

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