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# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

# MEDIA RELEASE

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## Improving first-response care in disaster-prone regions

In the wake of tsunamis and earthquakes in disaster-prone regions, well-meaning primary aid workers who suture wounds closed are in some cases causing more harm than good to their patients.

The most recent Indonesian Tsunami was the catalyst for an international request for assistance to the Royal Australasian College of Surgeons to provide easy-to-understand instructions for people likely to be the first on the scene of a disaster.

With support from a host of international surgical colleges and societies, RACS has produced a wall-poster that highlights the risk of wound contamination and sets out a step-by-step guide to cleaning, debridement and dressing the wound so it doesn't have to be immediately closed.

The poster, which was launched by College President Mike Hollands today at the RACS 83<sup>rd</sup> Annual Scientific Congress in Singapore, carries an internationally agreed consensus on how wounds should be managed initially in disasters so they can be properly addressed when medical specialists arrive.

The poster will be co-badged with multiple international colleges including the College of Surgeons of Indonesia, the Philippines College of Surgeons and the American College of Surgeons.

Dr Hollands said, "In a disaster situation, invariably all wounds are contaminated and suturing them closed will in most cases cause infection and consequent tissue loss, sometimes also limb loss, protracted illness, prolonged disability and some threat to life.

"With the support of international colleges and societies, it is intended that the poster we have launched will be translated into several languages and modified for local use if necessary, and distributed to hospitals and health clinics in developing countries and disaster prone regions.

"It could also be included in disaster management equipment packs and in emergency care facilities during disaster situations," Dr Hollands said.

The poster is presented as a simple 'A, B, C, D, E, F, G' aide de memoir for easy reference and to facilitate recollection starting with 'Assessment' of the general condition of the patient – breathing, blood loss etc, through to when to 'Get' specialist help.

The poster also advises on how to deal with 'special cases' such as crush or blast injuries or when splints or amputations are required.

Ends.

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