

**Minutes Health & Nutrition Work Group  
RIC Samos, August 4th 2016**

**Present:** Army (Nikos), BRF (Frederieke, Hadi), HCDCP (Manos), HRC (Aris, Dimitra), MedIn (Chrysi), UNHCR (Elena, Georgios, Sokratis, Tsilis)

**Proposed Agenda:** Mental health  
Implementation Hospital Referral SOP  
Blood testing  
Night shift in RIC  
SOP emergency response RIC  
Medication inventory – update  
Medical Screening

**Added Agenda Points:** Donation of glasses

<b>Topic</b>	<b>Discussion/Updates</b>	<b>Action Points</b>
<b>Mental Health</b>	BRF: MSF will keep its MH activities inside the RIC until the end of December	
<b>Implementation Hospital Referral SOP</b>	BRF: The hospital referral SOP needs to be updated that in addition to the referral form that is given to MedIn, the patient needs to visit MedIn the next day at 9:30; MedIn confirms this. BRF: There remains a gap in transport from hospital to RIC after an emergency. Sometimes patients can walk back, but last week there was a case where a mother and 2-year-old were sent to walk back after midnight after the girl was treated for a head wound (the mother had to carry the girl all the way back). HCDCP: Often it is not a problem for patients to walk back. If it is a problem, the hospital can call Manos for transport. Manos did not receive a call from the hospital to request transport for this case.	BRF updates hospital referral SOP: patient visits MedIn next day at 9:30  Dr. Manos will inform hospital again that they can call him to request transport for patients that cannot/should not walk back.
<b>Medically vulnerable cases to Athens?</b>	HCDCP: There was a case of an asthma patient who said to be informed that he could be transferred to Athens because he had asthma. What would be a vulnerable case medically to qualify a patient to be send to Athens? MedIn: If an MRI is required then the patient should go to Athens. UNHCR (Sokratis): If treatment is required that patient cannot get on Samos then the patient can go to Athens. MedIn: It's up to the hospital to judge who needs to go to Athens. Army: We should check with the asylum services to find out what would be a vulnerable case medically to qualify a patient to be send to Athens.	Check with asylum services what would be a vulnerable case medically to qualify a patient to be send to Athens; not assigned to a specific person/organisation
<b>SOP Emergency response RIC</b>	HRC (Aris): John (HRT) and Maria (HRC) are not here, but we're on the way with the process of acquiring all required equipments. HCDCP: Share a list of what you still need and other medical actors can help. There is a defibrillator in the	HCR (Aris): share list of required equipment with other medical actors.

	HCDCP/BRF container that is free for everyone to use.	
<b>Night shift in RIC</b>	<p>HRC (Aris): John (HRT) will be back next week and give an update.</p> <p>HCDCP: Will MedIn take night shifts when the new project starts in September?</p> <p>MedIn: This is not clear yet.</p> <p>Army: Are night shift mandatory to have?</p> <p>HCDCP: The police requested medical night shifts</p> <p>Army: Maybe the police can receive first aid training?</p> <p>HRC (Aris) &amp; BRF (Hadi): we can give the police first aid training.</p>	BRF (Hadi) & HCR (Aris): Look into possibilities of giving the police first aid training.
<b>Blood testing</b>	<p>HCDCP: Blood tests were conducted in the Praksis shelter. 2 Out of 25 minors have anaemia, all others are safe. Everyone is vaccinated, no one has HIV or hepatitis. We weren't able to find out if anyone suffered from diabetes as the test was done at the wrong time of the day (subjects had eaten already). We are prepared to do targeted blood tests inside the RIC as well.</p>	
<b>Glasses donation</b>	<p>HCDCP: In September a volunteer will come to September who will donate glasses. We need a list of who needs what glasses prescription. We can get a letter-test from the pharmacy. Once we have a list of people with serious eye problems, a specialist can come to check them at once.</p>	All medical actors write down names of patients requiring glasses.
<b>Medication inventory</b>	<p>BRF: As part of the preparedness plan, we are combining each organisations' medication inventory into a shared inventory. We have the inventories of HCDCP and HRC, but not yet of MedIn. Who within MedIn is responsible for the medication inventory?</p> <p>MedIn: There is no one in the team responsible for the inventory, we ask what we need and get it.</p> <p>UNHCR (Sokratis): We also have a medication stock that we can share.</p> <p>HRC (Aris): we will update our list on a monthly basis.</p>	UNHCR (Sokratis): Share UNHCR's medication stock with HCDCP (Manos)
<b>Medical Screening</b>	<p>BRF: Over the last 3 weeks, we were refused 3 times (twice by the police, one by Frontex) to do the medical screening if new arrivals haven't been registered yet. When we wanted to do the medical screening the next day, the police didn't know where the new arrivals had gone.</p> <p>Army: The medical screening should not interfere with the registration.</p> <p>BRF: The registration had not started yet when we tried to do the medical screening.</p> <p>HCDCP: The police has requested us to do the medical screening.</p> <p>UNHCR (Sokratis): The medical screening should be done before the registration.</p> <p>Army: This is not an official request.</p> <p>HCDCP: Nassos (EC) asked for the medical screening to</p>	<p>HCDCP (Manos): Ask police for SOP of when to do the medical screening.</p> <p>HCDCP (Manos): Ask army for mobile unit to take X-rays.</p> <p>HCDCP (Manos): Ask MSF how many vaccinations they have left and if they can share this stock.</p>

	<p>be conducted before the registration.</p> <p>Army: This should be a written request. We can ask the police for an SOP of when they want the medical screening to be conducted.</p> <p>BRF: Until we have this SOP, we will do the medical screening after the registration, however, this may mean there will be new arrivals that will not receive medical screening as we won't be able to find them later.</p> <p>BRF (Hadi): It would be good if new arrivals would receive a TBC test.</p> <p>Army: X-rays are an expensive financial burden and the Mantoux test is complicated.</p> <p>HCDCP: If we would have a mobile unit where we can take X-rays, we can do this for every hospital patient and send the pictures to Athens.</p> <p>BRF: MSF conducted a large vaccination programme, but what about the babies and children among new arrivals?</p> <p>HCDCP: We can do a periodic smaller vaccination programme for the arrivals after MSF's vaccination programme. We need a list of people who have already received the vaccinations and need to ask MSF how much vaccinations they have left and if they can share this.</p>	
<b>AOB</b>	<p>HCDCP: We want to invite other medical actors to come to Samos. BRF depends on volunteers, HRC is still deciding what to do, MedIn has 3 vacancies for doctors but no applications yet, HCDCP hopes to get more personnel, but this is not finalized yet.</p> <p>HRC (Aris): We will soon receive a large amount of condoms.</p> <p>UNHCR (Sokratis): Dr. Ioannis (MedIn) informed us that if a hospital patient needs a recheck appointment, this appointment does not need to be at the hospital, but the patient can go to MedIn instead.</p>	