



Medical and Evacuation Procedures

Croatia 2027

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1. Introduction

Medical screening

As with all expeditions careful planning is essential to ensure that all individuals enjoy a safe successful trip. Some members of the expedition team (including all volunteers and staff) may have significant pre-existing health problems or disabilities, which in the field, could potentially lead to problems.

All participants are required to complete a medical questionnaire on line prior to their departure. In addition, all those diving or snorkelling are required to complete diving medical forms which are provided for online completion.

All medical and diving forms are assessed and discussed at a pre-expedition medical meeting of the participating medical staff. The team of medics will discuss any potential medical issues, advise anyone if a further consultation with a medic is required and will also suggest additions to the medical kits in light of any pre-existing health problems highlighted.

Roles in the event of an emergency

Carefully planned evacuation protocols are in place for the sites in Croatia. All staff will have training on the evacuation procedures and protocols.

Because of the high variability of influential factors such as the nature of potential injuries, a number of different evacuation scenarios must be prepared for prior to the season. All staff are fully briefed in these scenarios, and this report describes the most commonly used and available evacuation options.

Once a major incident or emergency is identified the Camp Manager responsible at the site will advise National Park Krka, Krk authorities, Zadar or Silba port authorities. The Camp Manager for the Krka, Silba and Krk sites respectively will take overall control as Incident Coordinator in conjunction with senior staff and in consultation with the UK emergency response office which is manned 24/7 throughout the expeditions and which has access to specialist medical advice as well. The Camp Manager will determine the level of emergency evacuation required for the patient. These should be classified as Medium Priority, High Priority or Emergency.

Medium Priority

Cases in which the patient is in no immediate danger but the onsite facilities are unable to cope were their condition to deteriorate. An example of this would be falling over on a trek causing a cut requiring stitching. This requires the patient to be moved as quickly as possible without the need to hire special vehicles to the nearest appropriate suitable facilities; usually to a local English speaking doctor based in Drniš/Knin Medical Center for Krka incidents, to Silba Medical center for Silba incidents or to Krk Medical centre for Krk incidents.

High Priority

Cases where the patient's health is at risk if immediate action is not taken. An example of this is a broken bone. This may require a call to the ambulance service and then transportation to

the General Hospital of Split (contact number 00385 21 556 111) in Split Town (approximately 1 hour from Krka research centre). Emergency transportation from Silba Island to Zadar General hospital (2 hour from Island to mainland) will be in place if a High Priority situation arises during the second week of an expedition (contact number 00385 23 505 505). If a high priority incident takes at the Krk base, the patient will be transferred to the Clinical Hospital Center in Rijeka (1 hour drive from Krk base).

Emergency

Cases where the patients' life is at risk if immediate action is not taken. This requires the fastest possible transfer usually by ambulance or helicopter to Split Hospital or ambulance, speedboat or helicopter to Zadar General Hospital or Rijeka Hospital, depending on week of expedition.

In all evacuation cases where a patient is being transferred to medical facilities they should be accompanied by the relevant member of staff who was at the scene of the incident or someone appointed by the Camp Manager as fit to accompany the patient. Most ambulance teams in Croatia speak English and this can be requested when phoning 112 (194 specifically for an ambulance). In addition, there will be a member of Croatian Institute for Biodiversity with the ability to speak both Croatian and English if medical evacuations are needed.

In an extreme emergency where it is required to request Medivac, the Camp Manager will be responsible for contacting the Opwall office and informing them of the need for a Medivac plane from Split or Zadar International Airport, depending on location of the incident. Once this is approved then the flight will be arranged using the appointed Medivac organization (Mayday Assistance).

The Camp Manager is also responsible for ensuring that all relevant staff are aware of the ongoing emergency and follow up actions. All staff involved in the major accident or emergency procedure should keep detailed notes of times, actions taken, contacts made, costs incurred etc. After the incident has been closed it is the responsibility of the Incident Coordinator to compile a detailed report.

2. Medical facilities in country

This information has been checked prior to the 2027 season by senior Operation Wallacea staff member.

There is a well-equipped general hospital in Split town, which is around one hour drive from Krka research site that is going to be used during the first week. The hospital contains life support equipment, diagnostic equipment for all but the most severe incidents and is suitable for surgery and most medium, high priority and emergency incidents.

Whilst on Silba island, there will be a local medical facility for minor injuries, Silba Medical Centre, for medium priority cases. For High priority and emergency cases, individuals will be taken to Zadar or even Split General Hospital.

Whilst on Krk Island, there is local medical centre around 15 minute drive from the base. For High priority and emergency cases, individuals will be taken to Rijeka or Zadar.

EU citizens will be covered by their GHIC (Global Health Insurance Card) which they should have with them on the expedition.

3. Medical cover at each site

Staff trained to First Aid Responder or above, along with a first aid medical kit will be provided at each site, the content of which is agreed prior to the season in consultation with professional medics. These kits are designed to deal with as many non-emergency medical eventualities as reasonably possible onsite, and also to support emergency incidents and stabilize a casualty for transfer to more extensive medical facilities where needed.

4. Evacuation

Krka National Park is located along the middle-lower course of the Krka River in central Dalmatia, in Šibenik-Knin county, and just a few kilometers northeast of the city of Šibenik. There are good well - surfaced road connections throughout the whole Krka area. There is a good phone signal in the research base but not on the research site. The hospital in Split is no more than one hour away from Krka research site.

Silba is an island in northern Dalmatia, south-east of Lošinj, between the islands of Premuda and Olib. Silba has an area 15 square kilometres in the shape of number 8, with the village of Silba located at the narrowest point in the middle. It takes only around 10 minutes to walk the 600 m from the north-eastern harbour of to the south-western harbour. There is no cars on the island, although the doctor has small electric car. The whole island has generally good phone signal coverage. The Silba Medical Centre is only 6 minutes from Silba research site.

Krk Island is one of the largest islands in Croatia and is accessible by car via a bridge connected to the mainland. The Opwall research centre is based at Camp Glavotok, using Correct diving centre to conduct all dives and activities. This dive centre is situated next door to the camp. Vehicles will always be available at site in case the need for an emergency evacuation arises. Upon leaving the campsite, it is a 10 minute drive to a local clinic for in the case of minor injuries. If evacuation to a larger hospital is necessary, participants will be taken to a hospital in Rijeka, which is a city on the coast, approximately 1 hour drive from the base on Krk.

All team leaders, Opwall and Croatian Institute for Biodiversity staff will be equipped with mobile phones/radios and in the case of an emergency, will contact the Operation Wallacea Camp Manager primarily. The situation will be assessed and a decision made whether to call an ambulance (112 or 194).

If the emergency occurs in the field out on a survey site in Krka, a decision will need to be made to see if the casualty can be moved by a Croatian Institute for Biodiversity vehicle and then take them to the hospital or if the casualty cannot be moved, the ambulance crew will need to be notified and guided to the off-road site. The ambulance would then proceed to the General Hospital of Split town.

If the emergency occurs in the field during the second week on Silba, then the speedboat will transport them to the port of Zadar where an ambulance or private hire vehicle (depending on severity) will be waiting to take them to Zadar General Hospital.

Emergency evacuations would follow a similar procedure as above although it would involve the ambulance service at the outset. It might also involve the use of the helicopter rescue service based in Split General Hospital in worst case scenarios. Another option is to call Croatian mountain rescue service who is on standby with a helicopter.

The emergency system is based on the 112 emergency number; which is now used in Croatia for all the emergencies (police, firefighters, ambulance). There are also specific numbers for the hospitals and E.R services listed at the bottom of this document.

Evacuation times from site

The overland emergency and high priority evacuation times from the Krka research site will be a maximum time of one hour. For evacuation procedures from Krk research site, the journey will also take around 1 hr. For evacuation procedures from Silba research site, the duration will vary: ranging from 1.5 to 3 hours. In the case that recompression is needed, a low flying helicopter will be chartered for Polyclinic for Baromedicine (Poliklinika za baromedicinu Oxy) in Pula (30min flight and always on standby).

5. Reporting and logging

During evacuations it is crucial that a log is kept by the Camp Manager detailing times, personnel involved and all relevant details of each step of the evacuation process.

All medium priority evacuations must be logged by the Opwall Leader and included in the post-season report. For high priority and emergency evacuations, the Camp Manager or Croatian Institute for Biodiversity senior staff member and any other staff involved in the incident must make a report immediately following the incident. A full safety assessment must be carried out after all evacuations and if a similar incident is likely all activities must be stopped until the situation has been rectified.

The Camp Manager will collate the reports of all high priority and emergency evacuations and will submit the final report to the UK office.

6. Mass evacuations and disaster management

There is the possibility, albeit incredibly small, that a large scale incident could occur which would require a large number of Operation Wallacea volunteers and staff being repatriated. Such incidents could include political unrest, natural disaster and terrorist attacks. These incidents can be broken into two types, those with prior warning and those without.

Major incident with prior warning

Some major incidents come with a degree of prior warning. A good example of this is political unrest resulting in violence, which would have a build-up period. We constantly monitor the political situation of the area we work in and if our experienced field operatives decide that the political situation has become unsafe they would order a full evacuation.

Major incident with no prior warning

Some incidents, such as a terrorist attack or natural disaster, would have no prior warning. In cases such as these the field staff would get all volunteers and staff to a place they deemed safe by which ever means they decide best. From here the Country manager would contact the volunteers' embassies to coordinate an evacuation strategy. The details of such an evacuation would vary dramatically depending on the situation and as such it is impossible to produce more detailed plans.

7. Useful numbers

Name	Number
Croatian Airlines	00385 1 66 76 555
Split International Airport	00385 21 203 555
Zadar International Airport	00385 23 205 800
British Embassy	00385 6009 100
US Embassy	00385 1 6612 200
Canadian Embassy	00385 1 4881 200
Portugal Embassy	00385 1 4882 210
China Embassy	00385 1 4637 011
South Africa Embassy	00385 1 4680 981
Medical Centre Silba	00385 23 370 135 or 00385 98714221
Medical Centre Drniš	00385 22 888 999
Split Hospital	00385 21 556 111/ 21 557 111
Zadar Hospital	00385 23 505 505
Split Hospital (recompression chamber)	00385 21 354 511
Polyclinic for Baromedicine (Poliklinika za baromedicinu Oxy) recompression chamber	00385 52 215 663 or 00385 98 219 225
Police	112/192