



Comment on “Organization of Emergency Medical Services After an Earthquake: The Case of Adiyaman, Türkiye”

Earthquakes are among the most devastating natural disasters, and, depending on the magnitude of the event, they can significantly disrupt healthcare services. I would like to extend my gratitude to the authors for this valuable article. However, I would like to share some points that I believe should have been addressed in the manuscript.

Although the clinical characteristics of the transferred patients are shared in the manuscript, I observed a lack of data regarding the patients' admission times and outcomes. As is well known, one of the most crucial factors in increasing post-earthquake survival is early medical care. The longer the patients remain under the debris, the higher the mortality rates (1, 2). Another critical factor for survival is the uninterrupted continuation of healthcare services. To ensure this, hospitals must have a disaster plan for potential disasters. In the manuscript, we do not see details or the existence of such a plan for the mentioned hospital. This plan should include information on disaster leadership, personnel safety, and the organizational chart. Although local administrators might be victims of the disaster, local administrators know the operation of the current settlement best, and this disaster plan should be prepared before the disaster. Therefore, even if the disaster team leadership is given to external professionals, it should be a continuation of the existing plan (3).

One of the most important pillars of uninterrupted healthcare services is healthcare personnel. For personnel safety, disaster leaders should implement the pre-prepared disaster plan to ensure the continuity of the staff's work (3). This issue seems to be addressed on the fifth day in the manuscript. Another topic should be the organization of healthcare services. Preventive measures should be taken for technical failures that may occur before the disaster, and in the event of potential malfunctions, immediate measures should be implemented to ensure the continuation of services (e.g., preparation of generators against energy shortages, preparation of alternative communication tools, production of alternative scenarios for hemodialysis).

Another point I would like to highlight is the lack of information in the text regarding how registration processes are managed to prevent the chaos that will dominate the emergency department organization. Although there are recommended methods in the literature, I believe it should be specified which system is used (2).

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