Emergency Medical Teams (EMT) Initiative

*Surge capacity in healthcare during emergencies*
Burden of disease in disasters

Speed of deployment of EMTs
EMTs are ...

groups of health professionals providing direct clinical care to populations affected by disasters or outbreaks and emergencies as a surge capacity to support the local health system.

Governmental (civilian or military) or Non-governmental National or international
Promoting national and international EMT capacity building

- Internationally accepted **minimum quality standards** for EMTs - the “Blue book”

- **Categorization/typology of EMTs** to facilitate predictability & coordination
  - Peer-review classification process of int’l EMTs coordinated by WHO
  - Support to national accreditation processes

- Agreed **coordination mechanisms and methodology** based on international best practice – EMT Coordination Cell

**For an efficient and coordinated EMT response, based on quality standards**
Objectives of the EMT initiative

- EMT capacity strengthening, preparedness & training
- and timely activation and coordination of EMT
- technical & operational minimum standards & best practices
- Quality Assurance & Classification
- Efficient and timely activation and coordination of EMT

Global/Regional commitment & partnership

World Health Organization
HEALTH programme

EMERGENCIES

Guiding principles
Core standards
Technical standards

Applicable to all EMTs
Applicable by type of EMT
Guiding principles

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<tbody>
<tr>
<td><strong>A</strong></td>
<td>The F/EMT provides safe, timely, effective, efficient, equitable and patient-centred care</td>
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<td><strong>B</strong></td>
<td>The F/EMT offer a “needs based” response according to the context and type of SOD in the affected nation</td>
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<td><strong>C</strong></td>
<td>The F/EMT adopt a human rights based approach to their response and ensure they are accessible to all sections of the population affected by the SOD particularly the vulnerable</td>
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<td><strong>D</strong></td>
<td>The F/EMT undertakes to treat patients in a medically ethical manner consistent with the World Medical Association Medical Ethics Manual. In particular the FMT undertakes to respect with confidentiality that patients will have the right to be informed about their medical condition and communication on prognosis and alternative treatments in a language and culturally appropriate fashion, and that all informed consent for medical procedures is obtained in such a manner unless obviously impossible.</td>
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<td><strong>E</strong></td>
<td>All F/EMT are accountable to the patients and communities they assist, the host government and MoH, their own organisation and donors</td>
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<td><strong>F</strong></td>
<td>F/EMTs commit to be integrated in a coordinated response under the national health emergency management authorities, and collaborate with the national health system, their fellow FMTs, the cluster and the international humanitarian response community</td>
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Core standards

• 13 core standards dealing with
  • Registration, coordination and regular reporting on operations to the national health system
  • Self sufficiency

• Adherence professional guidelines and criteria, keep confidential records, record of treatment performed,
• Adherence to international quality standards and drug donation guidelines for pharmaceuticals

• Minimum hygiene, sanitation and waste management
• Care of team members and malpractice insurance
Minimum technical standards

- Initial assessment and triage
- Resuscitation
- Patient stabilization and referral
- Wound care
- Fracture management
- Anesthesia
- Surgery
- Intensive care
- Communicable diseases care
- Emergency obstetric care
- Emergency pediatric care
- Emergency care of chronic disease
- Rehabilitation
- Laboratory and blood transfusion
- Pharmacy and drug supply
- Radiology
- Sterilization
- Logistics
  - (incl WASH)
<table>
<thead>
<tr>
<th>TYPE</th>
<th>DESCRIPTION</th>
<th>CAPACITY</th>
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<tbody>
<tr>
<td>1 Mobile</td>
<td>Mobile outpatient teams</td>
<td></td>
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<tr>
<td></td>
<td>Remote area access teams for the smallest communities</td>
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<tr>
<td>1 Fixed</td>
<td>Outpatient facilities +/- tented structure</td>
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<tr>
<td></td>
<td></td>
<td>Outpatient Emergency Care and Referral</td>
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<tr>
<td>2</td>
<td>Inpatient facilities with surgery</td>
<td>Inpatient Surgical Emergency Care</td>
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<tr>
<td>3</td>
<td>Referral level care, inpatient facilities, surgery and high dependency</td>
<td>Inpatient Referral Care</td>
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</tr>
<tr>
<td>Specialist Cell</td>
<td>Teams that can join national facilities or EMTs supplementary specialist care services</td>
<td>Additional Specialist Care EMT (e.g. Cholera, Ebola, Rehabilitation etc.)</td>
</tr>
</tbody>
</table>
Quality improvement: mentorship and classification

Ongoing support from mentors, technical experts and EMT secretariat; online resources

National confirmation of achievement of standards?
National accreditation...

Globally classified organization (for international deployment)

Improved standards and better care for patients

WHO Directory of classified teams for international deployment
Costa Rica, type 1
Ecuador, type 2 & Spec cell
Team Rubicon (NGO), type 1

China, 2x type 2 & 1x type 3
Japan, type 2
Australia, type 2
New Zealand, type 1
Aspen Medical, Spec cell

UK, type 2
ASB, Johanniter, Humedica, ISAR,
Maltesers (5 German NGOs) – type 1
Russia, 2 x type 2
Israel, type 3
Norway, type 1
Spain, type 2
Italy, type 2, Portugal Type 1
Activation and coordination of Emergency Medical Teams
EMT Coordination cell - Core purpose

The overall coordination of
the surge of responding EMTs
– national and international –
to best meet the excess healthcare needs resulting from increased morbidity due to the emergency or from damage to existing capacity
Some lessons on activation and coordination of EMTs

Philippines, Typhoon Haiyan, 2013-14
Philippines, Typhoon Hagupit, 2014

West Africa, Ebola, 2014-15

Vanuatu, cyclone Pam, 2015

Iraq 2016-17, Trauma Care coordination

Nepal, earthquake

Ecuador, earthquake 2016

Indonesia, Sulawesi EQ & Tsunami, 2018

Mozambique cyclone/floods 2019

Several more…
Key steps in the EMT deployment process

1. Offer of Assistance from EMT
2. Acceptance of offer from affected country
3. Registration and Medical License to practise in country
4. Tasking (assign an EMT to a site of operation)
5. Monitoring and Reporting (regular reporting from EMTs and data analysis from EMTCC)
6. Re-tasking (if required)
7. Quality Assurance field visits
8. Handover Exit (EMTs Exit Report)

EMT coordination phases

1. Activation of EMTCC
2. Registration/recording at MOH/RDC
3. Operations and tasking, incl. Management of non compliant teams
4. EMT departures
Coordination & leadership options for EMT response

4 options for EMT coordination:

- Host Government has mechanism for EMT coordination at their (H)EOC
- Host Government supported to create RDC and EMT-CC by WHO in acute phase
- EMT-CC with WHO support in MoH with cluster activated for other functions
- EMTs coordinated in a sub-cluster in exceptional situations

- Context specific
Key coordination tools: standardized forms

**Registration form**

**Activation/ offer/ arrival**

Suggested template for a logistic information note on deployment of EMTs
Key coordination tools: standardized forms

**Minimum Data Set: EMT daily report**

**Operations**

**EMTCC situation report**

**Patient referral form**
Key coordination tools: standardized forms

Handover / exit

EMT exit report
Some numbers

- **Over 130 countries** with awareness of EMT initiative
- **35 countries** directly supported by WHO to create their own national EMTs.
- Over **90 countries** have national EMT programmes
- **79 teams** in process of quality assurance, **23 classified**
- All **6 WHO regions** with active EMT programs
Key benefits of the initiative

People affected by emergencies, disasters and outbreaks can be sure that
• Teams that treat them are professional and properly equipped
• Teams arrive in a timely manner and are well trained, and integrated with the health system that normally treats their families

Member states
• Can call on teams from neighbours within the region, that often have shared language, shared context and will arrive quickly
• Teams will only come when asked, and will work within the coordination mechanism of the Ministry of Health
• They will report daily their activities and contribute to the overall response; be part of the national health system

EMTs
• Will be more likely to be requested by an affected country if they have demonstrated their quality and been “classified” through the EMT classification process
Capacity building & future needs of EMTs

National capacity
Every country requires rapid response capacity for domestic emergencies, mostly Type 1 and 2.

International capacity
Some countries may offer bilateral support to neighbours or contribute to regional response, adding value with Type 2 and 3.

... Support to national capacity strengthening including through the design of national accreditation process based on the international standards for EMTs.
#EMTeams

For more...

http://extranet.who.int/emt/

EMTeams@who.int