Early access to rehabilitation in emergencies:

- Helps speed up recovery and prevent complications that could prolong admission.
- Helps to achieve the best long-term outcomes for the patient.

Rehabilitation in the EMT:

- Can assist in identifying a patient’s needs beyond discharge and refer them to the appropriate services.
- Can support a patient to self-manage and continue their recovery after they leave the hospital.

For more information about the WHO rehabilitation standards for EMTs visit: https://extranet.who.int/emt/
SKILLS AND COMPETENCIES

Rehabilitation professionals need:

- Training and at least 2 YEARS of clinical experience
- Training in austere environments is also desirable
- Rehabilitation professionals should comply with all professional registration and licensing requirements of their country

The following rehabilitation skills should be represented in the EMT:

- Splinting
- Functional education and retraining
- Provision of psycho-social support
- Respiratory care
- Patient mobilization and assistive devices

For more information about the WHO rehabilitation standards for EMTs visit: https://extranet.who.int/emt/
Type 2 + 3 EMTs should have:

1 rehabilitation professional for every 20 BEDS

Demand for rehabilitation fluctuates over time

Rehabilitation within EMTs can be supported by local personnel

Nursing staff can also be used to augment rehabilitation capacity

Number of rehabilitation professionals at each stage of an emergency will depend on anticipated needs

For more information about the WHO rehabilitation standards for EMTs visit: https://extranet.who.int/emt/
What makes up an EMT rehabilitation kit?

Equipment and consumables

- Inpatient wheelchairs
- Tubular compression bandages
- Plaster cutter and spreader
- Incentive spirometer
- Slings
- Stump compression bandages
- Walking frames
- Plaster of Paris bandages
- Rigid adjustable cervical collars
- Adult and pediatric crutches
- Compression bandages
- Prefabricated ankle and foot orthoses
- Pressure relieving mattresses

For more information about the WHO rehabilitation standards for EMTs visit: https://extranet.who.int/emt/
Type 2 and 3 EMTs should ensure that separate space of at least 12m² is provided within all field hospitals for rehabilitation and mobilization activities.

For more information about the WHO rehabilitation standards for EMTs visit: https://extranet.who.int/emt/
The patient’s transition from EMT to home

EMTs should work with patients with long-term impairments, care providers and local rehabilitation personnel to manage ongoing needs.

“An inpatient unit with the capacity to provide interim care for medically stable patients while preparing them for discharge into the community”

For more information about the WHO rehabilitation standards for EMTs visit: https://extranet.who.int/emt/
In communities where rehabilitation infrastructure and personnel are under-equipped, local health or community personnel, care-providers and patients should be mentored/coached/trained to ensure sustainable care.

EMTs should maximize opportunities to exchange rehabilitation knowledge and competencies with local personnel.

Training of local health workers should align with local practices and standards.

For more information about the WHO rehabilitation standards for EMTs visit: https://extranet.who.int/emt/
Notes on rehabilitation interventions, assessments and assistive devices should be incorporated into the patient’s main health record, following international standards.

The patient’s main health record should remain with the patient.

Referrals should include:

- Functional status including mobility, and precautions
- Provided and required assistive devices
- Requirements for follow-up

For more information about the WHO rehabilitation standards for EMTs visit: https://extranet.who.int/emt/