The Emergency Medical Team Initiative

Jody-Anne Mills
Rehabilitation Programme
World Health Organization
Email: millsj@who.int
Why was the EMT Initiative developed?

• Haiti 2010
  • Coordination between teams is lacking
  • Lives lost that could have been saved
  • Global development community realized need for better-coordinated responses to communities

• May 2011, WHO reform sees emergencies recognized as critical part of WHO’s work- new work stream created

• May 2013, WHO issues ‘Classification and Minimum Standards for Emergency Medical Teams in Sudden Onset Disasters’ (the Blue Book)
The WHO EMT Initiative assists organizations and member states to build capacity and strengthen health systems by coordinating the deployment of quality assured medical teams in emergencies.
What is an EMT?

A group of health professionals providing direct clinical care to populations affected by outbreaks and emergencies as surge capacity in supporting the health system.
Principles and standards

Guiding principles: 6
Core standards: 13
Technical standards: Applicable by type of EMT

Applicable to all EMTs
Guiding Principles

EMTS should:

1. Provide safe, timely, effective, efficient, equitable and patient centred care
2. Offer a “needs based” response
3. Adopt a human rights based approach to their response
4. Treat patients in a medically ethical manner
5. Be accountable to the patients and communities they assist, the host government, their own organisation and donors
6. Commit to be integrated in a coordinated response under the national health emergency management authorities
Core Standards

Relate to:

• Registration (a)
• Reporting (b & c)
• Recording (d & e)
• Referral (f)
• Accreditation and standards of practice (g & h)
• Equipment and pharmaceuticals (i)
• Self sufficiency (j & m)
• Hygiene and waste management (k)
EMT Types

**TYPE 1 MOBILE**

Provide outpatient initial emergency care of injuries and other significant health care needs

**TYPE 1 FIXED**

Same as Type 1 Mobile but work put of a fixed structure and provide up to 12 hours per day of care, 7 days a week.
EMT Types

TYPE 2
Provide emergency care including surgery, 24 hours a day. Deploy field hospitals with at least 20 beds and can replace and support small district hospitals.

TYPE 3
Provide inpatient referral care and complex surgery. Provide large 40-100 bed facilities and can support and replace tertiary hospitals.
EMT Types

SPECIALIZED TEAMS

Specialize in specific medical area. May be as small as two three senior specialists, or a specialist facility eg. Ebola or Rehabilitation. Must bring appropriate equipment and supplies with them.
# Technical Standards

<table>
<thead>
<tr>
<th>Type</th>
<th>Capacity</th>
<th>Length of stay</th>
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</thead>
<tbody>
<tr>
<td>Type 1 mobile</td>
<td>&gt;50 outpatients a day</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Type 1 fixed</td>
<td>&gt;100 outpatients a day</td>
<td>2 weeks</td>
</tr>
<tr>
<td>Type 2</td>
<td>&gt;100 outpatients and 20 inpatients 7 major or 15 minor operations a day</td>
<td>3 weeks</td>
</tr>
<tr>
<td>Type 3</td>
<td>&gt;100 outpatients and 40 inpatients, including 4-6 intensive care beds 15 major or 30 minor operations a day</td>
<td>4-6 weeks</td>
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<tr>
<td>Specialized care teams</td>
<td>Variable</td>
<td>Variable</td>
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</tbody>
</table>

- Specific services e.g. imaging, laboratory, anesthesia, intensive care, rehabilitation
- Equipment
- Infrastructure
EMT Classification Process

1. **Organization Requests Global Classification**
2. **Mentorship Program**
3. **Documentary Evidence**
4. **Verification Site Visit**
5. **Globally Classified Organization**
Where does rehabilitation come in?
Rehabilitation can help maximize the impact of a range of medical and surgical interventions.
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.
TEAM CONFIGURATION

Type 2 + 3 EMTs should have:

1 rehabilitation professional for every 20 BEDS

Rehabilitation within EMTs can be supported by local personnel

Demand for rehabilitation fluctuates over time

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.
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:
- Functional education and retraining
- Splinting
- Provision of psycho-social support
- Respiratory care
- Patient mobilization and assistive devices
What makes up an EMT rehabilitation kit?

Equipment and consumables:

- Tubular compression bandages
- Plaster cutter and spreader
- Incentive spirometer
- Slings
- Stump compression bandages
- Pressure relieving mattresses
- Adult and pediatric crutches
- Inpatient wheelchairs
- Prefabricated ankle and foot orthoses
- Rigid adjustable cervical collars
- Compression bandages
What NOT to bring:

- Prostheses
- High-tech wheelchairs
- Unfamiliar equipment and assistive products
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.
STEP-DOWN FACILITIES

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.

Step-down facility

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

EMTs converting to step-down facilities should do so in consultation with the local Ministry of Health and coordination cell.

Patient’s home
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.

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

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

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
Coordination
Areas for Action

• Raise awareness

• Support the implementation of standards:
  • Strengthen the integration of rehabilitation in EMT mentorship and verification processes

• Earlier and more frequent integration of rehabilitation in EMT coordination

• Build the pool of case studies

• Strengthen evidence for rehabilitation in emergencies
Questions?

Useful links:

• WHO Rehabilitation Programme: https://www.who.int/rehabilitation/en/
• EMT Initiative Extranet: https://extranet.who.int/emt/