Regional Consultation on Strengthening of Emergency Medical Teams
5 – 6 June 2018 | New Delhi, India
India

Deployment of EMTs
Techno-legal Regime Support for Training and Deployment of EMTs

- DM Act 2005
- DM Policy 2009
- National DM Plan 2016
- National Health Policy 2017
Terminologies in the Policy Framework

- Rapid Response Teams
  - Public health emergencies

- Quick Response Medical Teams
  - Patient care (general and specialized clinical care including trauma)

- Specialized Teams for
  - Psychosocial care
  - Burns
  - CBRN and
  - High altitude illness
EMT Focal Point in Ministry of Health and Family Welfare

Focal Point: Emergency Medical Relief [EMR] Division

Contact Details

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Key Areas of Expertise

- Surveillance and response/outbreak investigations
- Patient Care
  - Clinical care including specialist care services
  - Trauma including poly-trauma
  - Psychosocial care
  - Burns
  - CBRN
  - High altitude medical illness
Key Institutional Support for Human Resources

Public Health Emergencies

• National Centre for Disease Control, Delhi
• All India Institute of Hygiene and Public Health, Kolkata
• National Institute of Epidemiology, Chennai.
• Preventive and Social Medicine Department of Medical Colleges
Key Institutional Support for Human Resources-Cont’d

Medical/ surgical/ trauma emergencies

- All India Institute of Medical Sciences, New Delhi
- Safdarjung Hospital, New Delhi
- Dr RML Hospital, New Delhi
- Lady Hardinge Medical College, New Delhi
- Post Graduate Institute of Medical Sciences, Chandigarh
- Jawahlal Nehru Institute of Post Graduate Medical Education and Research, Puducherry
Key Institutional Support for Human Resources-Cont’d

• For Psychosocial Care
  • National Institute Mental Health and Neuro Sciences, Bengaluru
  • Central Institute of Psychiatry, Ranchi

• Burns
  • Safdarjung Hospital, New Delhi

• CBRN
  • BARC (Dept of Atomic Energy), DRDE, AFMS (Ministry of Defence),
  • NDRF (Ministry of Home Affairs)

• High Altitude Sickness
  • ITBP, AFMS
Deployment of EMTs [RRT/ QMRT]

Database for deployment of Human resource for:

- Public Health Emergencies with EMR division of MOHFW
- Patient care with EMR division of MOHFW.
- Psychosocial care with NIMHANs, Bangalore.
- CBRN with National Disaster Management Authority.
<table>
<thead>
<tr>
<th>Event</th>
<th>Year</th>
<th>HCW deployed</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tsunami</td>
<td>2004</td>
<td>450</td>
<td>Teams for patient care, public health and Psycho social care and RCH</td>
</tr>
<tr>
<td>Kashmir Earthquake</td>
<td>2005</td>
<td>60</td>
<td>Teams for trauma care</td>
</tr>
<tr>
<td>Japanese Encephalitis</td>
<td>2005</td>
<td>48</td>
<td>Public health teams</td>
</tr>
<tr>
<td>Avian Influenza</td>
<td>2006, 2008</td>
<td>136</td>
<td>Public health teams</td>
</tr>
<tr>
<td>Kosi Floods</td>
<td>2008</td>
<td>78</td>
<td>Teams for patient care, public Health and Psycho social care and RCH</td>
</tr>
<tr>
<td>Pandemic Influenza</td>
<td>2009, 2010</td>
<td>80</td>
<td>Public health teams; Patient care; Ventilatory management</td>
</tr>
<tr>
<td>Leh flash floods</td>
<td>2011</td>
<td>42</td>
<td>Teams for patient care, High altitude medicine</td>
</tr>
<tr>
<td>Uttarakhand flash floods</td>
<td>2013</td>
<td>240</td>
<td>Teams for patient care, trauma, public health and Psycho social care</td>
</tr>
<tr>
<td>Amarnathji Yatra</td>
<td>2013 onwards</td>
<td>600</td>
<td>Mass gathering event; Multi-disciplinary teams</td>
</tr>
<tr>
<td>Nepal Earthquake</td>
<td>2015</td>
<td>112</td>
<td>Trauma Team; Public health team</td>
</tr>
<tr>
<td>Kerala Temple Fire Tragedy</td>
<td>2016</td>
<td>12</td>
<td>Burns Team</td>
</tr>
<tr>
<td>Seasonal influenza</td>
<td>2015, 2017</td>
<td>36</td>
<td>Public Health Teams</td>
</tr>
<tr>
<td>Nipah disease outbreak, kerala</td>
<td>2018</td>
<td>16</td>
<td>Multi-disciplinary teams</td>
</tr>
</tbody>
</table>
Co-ordination and Challenges

- Co-ordination by EMR Division – focal point for deployment

- Challenges
  - Pre-Disaster roster of RRTs/ QMRTs often do not work.
  - Identified RRT members may show reluctance for deployment.
  - May not find expected role at the place of deployment.
  - Concerns raised by family members of the EMTs.
  - Sustainability of EMT at place of deployment (work environment, boarding & lodging, language, essential supplies)
  - Most of the time existing health facility’s surge capacity has to be enhanced.
Future Plans

- Standardization of EMTs (to follow minimum technical standards).
- Type classification
- Training for deployment of EMTs (especially team building and operational aspects)
- Procurement of field hospital
- Written agreement with WHO for deployment
- To be part of Global Health Emergency Workforce
Thank you