Emergency Medical Teams Initiative
Surge capacity in health care during emergencies

Flavio Salio
EMT Secretariat

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Objectives of the EMT Initiative

- Expand Global/Regional Coordination & Partnerships
- Set Standards, Collect Best Practices & SOPs & Create Knowledge Hub
- Implement Capacity Building & Training
- Provide Quality Assurance & Classification
- Deliver Response Coordination & in field Quality Assurance
Lessons Learned: Western Pacific Region

Philippines

Typhoon Hayian

83

Total number of EMTs registered on arrival

151

Total number of EMTs deployed, and actively engaged in coordination

A total of 193,647 consultations were recorded by the 83 reporting teams

- First time classification and minimum standards were used by a host government
- Coordination of offers of assistance, understanding EMT capabilities from response to recovery, tasking affected areas, and reporting
Lessons Learned: African Region

Guinea, Sierra Leone, Liberia

The Ebola response was the largest deployment of EMTs for an outbreak seeing 58 teams with over 4,000 staff.

- Need for outbreak ready teams with isolation and treatment capacity being a key component to Ebola response
- Active recruitment was needed to deploy over 55 EMTs to West Africa including operational logistical support
- Integrated tasking with national health system support and capacity building across affected areas
Lessons Learned: Americas

• 22 N-EMTs and 7 I-EMTs
• Training on EMTCC the week before the event
NEPAL 2015
Rapid, heavy deployment by regional Government teams (often Type 2 and 3) matched trauma wave

Note trauma wave in shaded area behind graph
EMT Coordination & Leadership

- Host Government has mechanism for EMT coordination at their (H)EOC

- Host Government supported by WHO and other partners to create Reception and Departure Centre and EMT-Coordination Cell

- 8 EMTs coordinated in a sub-cluster
Where the EMTCC fits within the National structure?
EMT Core Standards

- Agree to register with the relevant authorities
- Report on arrival and at regular intervals during response, and prior to departure, using national reporting formats, or if not available, the agreed international reporting format.
- Adhere to keep medical records confidential
- Ensure patients receive record of treatment performed and referral for follow-up planned as needed.
- Join the wider health referral system
- Adhere to professional guidelines
- Ensure that all staff are specialists in their field and appropriately trained
EMT Core Standards

- **Experienced** in global health, disaster medicine, and providing care in austere environments.

- Ensure that all **pharmaceutical products and equipment** they bring **complies with international quality standards and drug donation guidelines**.

- **Self sufficient** (i.e. without demand on logistic support from the affected country, unless agreed otherwise before deployment)

- Complies with the **minimum hygiene and sanitation standards**

- Team and individuals are **covered by adequate malpractice insurance**, and have a **mechanism to deal with complaints and allegations of malpractice**.

- Ensures **care of team members** health and safety.
How does the WHO EMT initiative support countries?

- **National Capacity Building**
- **Coordination support and Training**
- **Classification of Teams**
DECLARACIÓN SOBRE ESTÁNDARES MÍNIMOS DE EQUIPOS MÉDICOS DE EMERGENCIA (EMT)
UNASUR/CSS/DECLARACIÓN N° ....../2017

El Consejo de Salud Suramericano de la Unión de Naciones Suramericanas (UNASUR), reunido el 31 de marzo de 2017, en la ciudad de Quito, República del Ecuador, en ocasión de su décima (X) Reunión Ordinaria, bajo la Presidencia Pro Tempore de la República Bolivariana de Venezuela.
Working groups and best practice

- Clinical
  Rehabilitation
  Surgical
  Highly infectious disease care
  Maternal and Child Health

- Coming in 2018-19
  NCD care and Mental health relevant to EMTs

- Operations
  Minimum data sets
  Mentor and verification
  Logistics
  Training

- Knowledge hub and online access to resources and materials

- Revision Blue Book
WHO EMT initiative training

National training
National EMT training of trainers
National EMT-CC/CICOM training
• Health-EOC training; tasking of national teams, I-EMT reception and coordination

Regional training and simulations
Regional bodies (eg WAHO/ECOWAS, AU, EU, ASEAN etc.)
Regional earthquake exercises with OCHA/INSARAG
Regional EMT Coordinator training
**Mentor Program Consultative Site Visit**

- **Step 1**: Mentor team support development of organization & their preparation of minimum standards evidence package.

- **Step 2**: Verification peer review team conduct site visit and examine ability of organization to meet global standard.

- **Step 3**: Organization is declared “classified” by WHO and require reclassification in 5 years as well as conduct QA and exercises or deploy at least 2 yearly.

**STEPS**
Quick Overview

1. EMT requests classif.
2. Mentor program (checklist)
3. Doc evidence (consultative visit)
4. Verification visit
5. EMT classified
6. Ongoing quality assurance

219 days [65-445] 84 days [53-357]
13 Classified Teams
Thank you!

Any questions?

For more…

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

saliof@who.int or EMTTeams@who.int