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Institutet**



TEAMS

TRAINING FOR EMERGENCY MEDICAL TEAMS AND EUROPEAN MEDICAL CORPS

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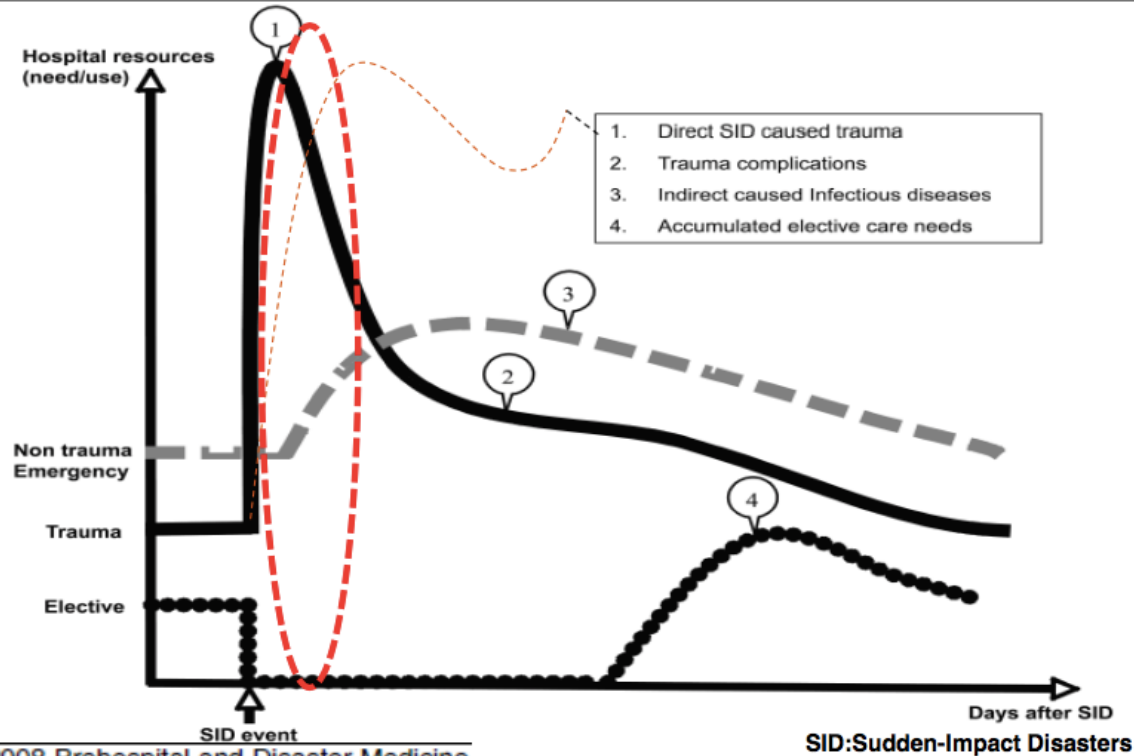
CRIMEDIM – Research Center in Emergency and Disaster Medicine



Background

- Lessons from recent disasters :
 - *Asia 2004, Pakistan 2005, Haiti 2010, Philippines 2013/4*
- FMT Response Issues
 - Varying Capacities
 - Lack of coordination
 - Lack of national capacity to receive and manage FMTs
- Gaps
 - International standards – *Foreign Field Hospitals* and *Sphere minimum standards* insufficient
 - Process for registration and authorization on arrival
 - Awareness of FMTs/ad hoc medical groups of the minimum standards required
 - Monitoring, reporting, quality assurance

Hours matter



vonSchreeb © 2008 Prehospital and Disaster Medicine

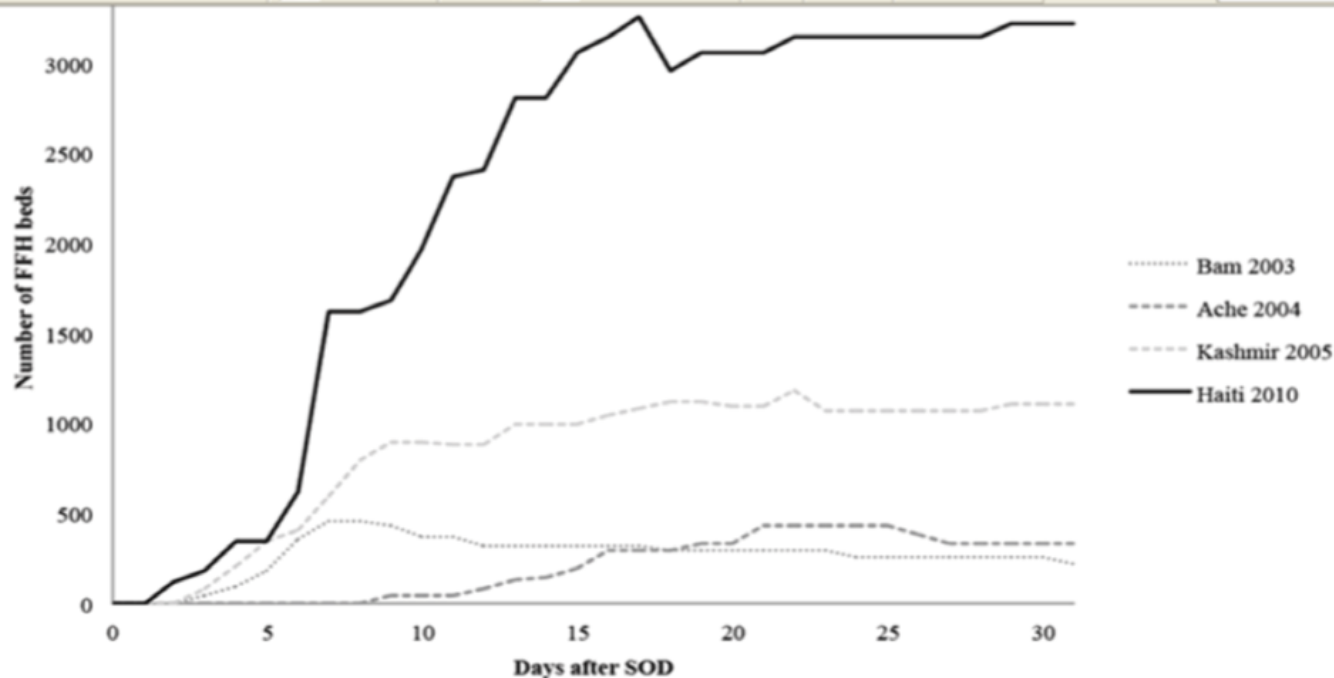


World Health
Organization

Comparison of recent SODs and time to Foreign FH arrival



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REVIEW ARTICLE

GLOBAL HEALTH

Natural Disasters, Armed Conflict,
and Public Health

Jennifer Leaning, M.D., and Debarati Guha-Sapir, Ph.D.

EDITORIAL

Haiti Disaster Tourism—A Medical Shame

Daniël J. Van Hoving, MMED;¹ Lee A. Wallis, MD;¹ Fathima Docrat, MBChB;²
Shaheem De Vries, MPhil¹

Prehospital and Disaster Medicine, Volume 29, Issue 4

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Identifying Deficiencies in National and Foreign Medical Team Responses
Through Expert Opinion Surveys: Implications for Education and Training

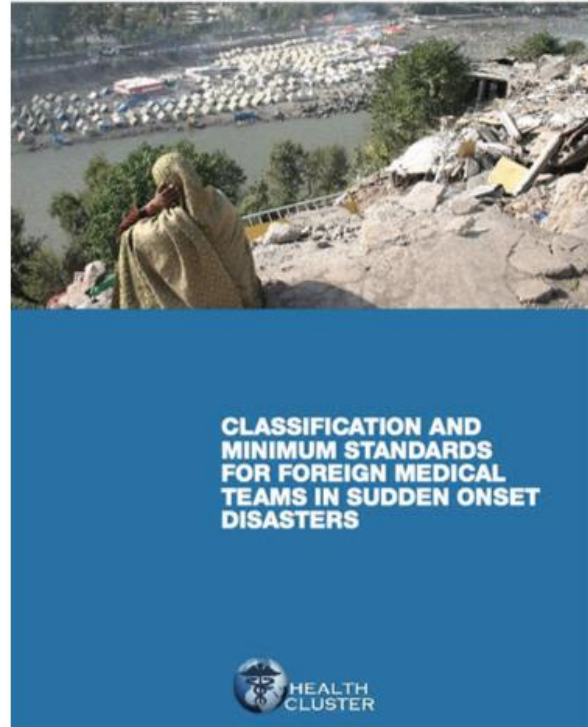
Ahmadreza Djalali ^(a1), Pier Luigi Ingrassia ^(a1), Francesco Della Corte ^(a1), Marco Foletti ^(a1), Alba Ripoll Gallardo ^(a1), Luca Ragazzoni ^(a1), Kubilay Kaptan ^(a2), Olivera Lupescu ^(a3), Chris Arculeo ^(a4), Gotz von Arnim ^(a5), Tom Friedl ^(a5), Michael Ashkenazi ^(a6), Delke Heselmann ^(a7), Boris Hreckovski ^(a8), Amir Khorram-Manesh ^(a9), Radko Komadina ^(a10), Kostanze Lechner ^(a11), Cristina Patru ^(a12), Frederick M. Burkle ^(a13) and Philipp Fisher ^(a7) 

Concerns regarding the standard of medical care provided in disasters and the **lack of preparedness** of **health workers** has been raised.

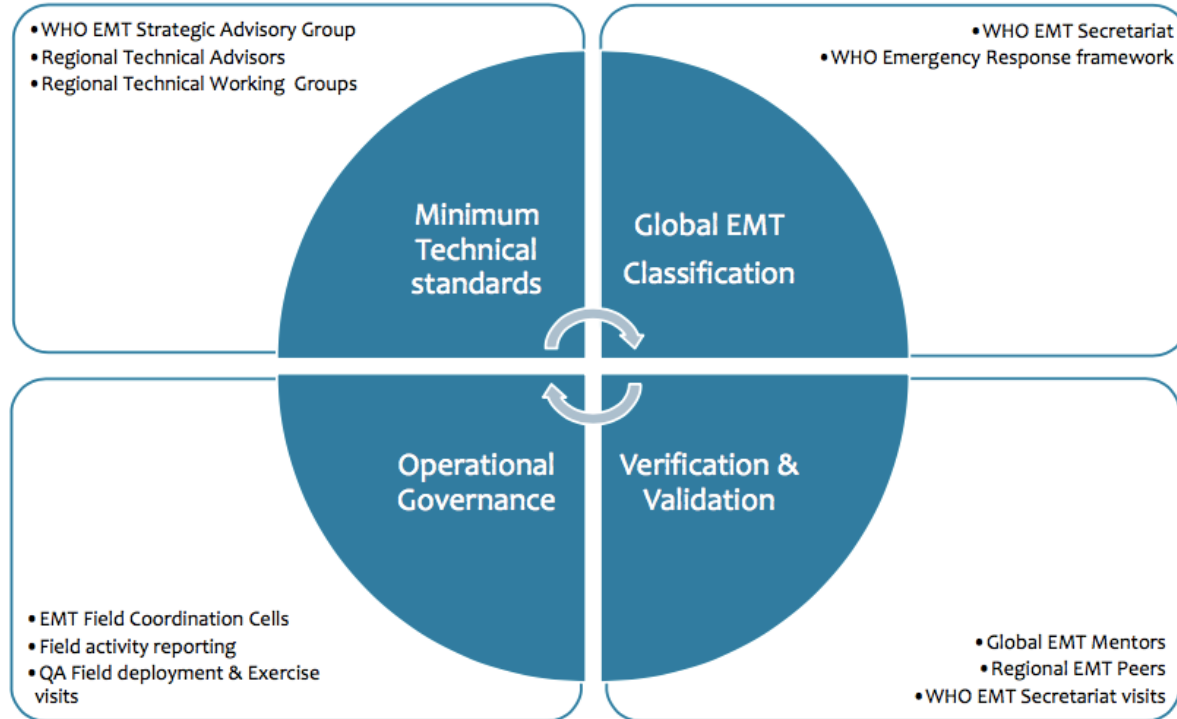
Health practitioners have been observed to **work outside their scope of practice and license**, and teams have lacked basic capacities and logistic means to operate self-sufficiently.

Additional concerns have been highlighted regarding **the lack of cultural awareness and coordination with local authorities** as well as international agencies.

- Published Sept 2013
- Standardised classification system
- Minimum technical standards
- Professionalism & competency
- Quality care assurance



Global EMT Quality Assurance Framework





Foreign Medical Team (FMT)

- **FMT Type 1: Outpatient Emergency Care**
- Outpatient initial emergency care of injuries and other significant health care needs
- **FMT Type 2: Inpatient Surgical Emergency Care**
- Inpatient acute care, general and obstetric surgery for trauma and other major conditions
- **FMT Type 3: Inpatient Referral Care**
- Complex inpatient referral surgical care including intensive care capacity
- **Additional specialized care teams**
- Additional specialized care cells within type 2, 3 or a local hospital

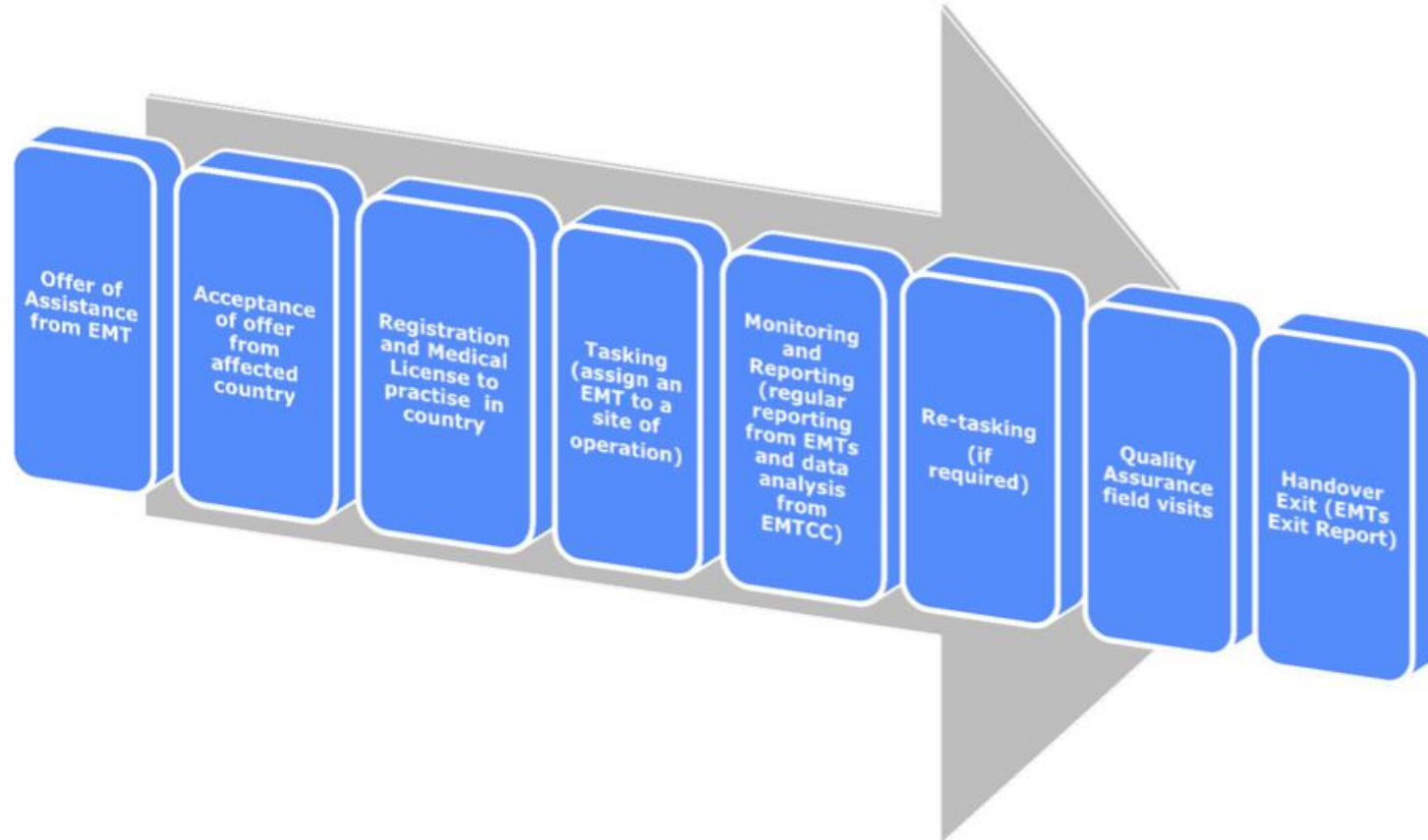
Clarity of focus (EMTs)

- Provide clinical care and/or direct patient contact
- Should be self-sufficient and professional
- Are likely to respond to Sudden Onset Disaster and Outbreak (for the purpose of direct patient contact/services)
- Are coordinated under the host Government with support from WHO
- Are required to report, and need public health experts within them to allow them to act as “sentinel surveillance sites”
- Occasionally are involved in support to other EMTs rather than direct care (eg log/operations support to others (especially national-EMTs), medevac provision etc)

EMTs deployment process



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AMNEX 11 EMT REGISTRATION FORM

Insert MOH Logo

Country, Event, Year

 World Health Organization

Emergency Medical Team Registration Form

A. Organization Details

WHO Global Classification List ID# (if applicable):

Organization:

Please also include official acronym and English translation, if applicable

Country:

Organization Type:

Select from local non-governmental, international NGO, government civilian, or military

Number of Teams: ##

Please complete a separate Team Details section for each team deployed or anticipated to be deployed.

EMT Exit Report 2015.2

Insert MOH Logo

 World Health Organization

Insert EMT Logo

Country, Event, Year

Emergency Medical Team Exit Report

Insert Team/Organisation Name

A. Team Details

Name of Team Leader:

Current or Most Recent

Original Registration: ☐ WHO ☐ Ministry of Health ☐ Other: _____

Select all that apply

Team Classification:

☐ Type 1 Fixed

☐ Type 1 Mobile

☐ Type 2 with Facility


☐ Type 2 without own Facility

☐ Type 3

☐ Special Cell(s): (Please specify)

Insert MOH Logo

Country, Event, Year

 World Health Organization

Daily Reporting Form

A. Reporting Details

Date: dd/mm/yyyy

Daily reporting is for the 24-hour period up to 4.59pm

Reporting Period: dd/mm/yyyy to dd/mm/yyyy

If NOT using for daily reporting, please insert date range instead

Reporting site (e.g. name of hospital or EMT):

District:

Site Type:

Select public or private; district hospital, community/primary health center, or field hospital

Name of Focal Point:

Organization:

Email: example@who.int

Phone: + country - area - phone number

Spoken words fly away, written words remain

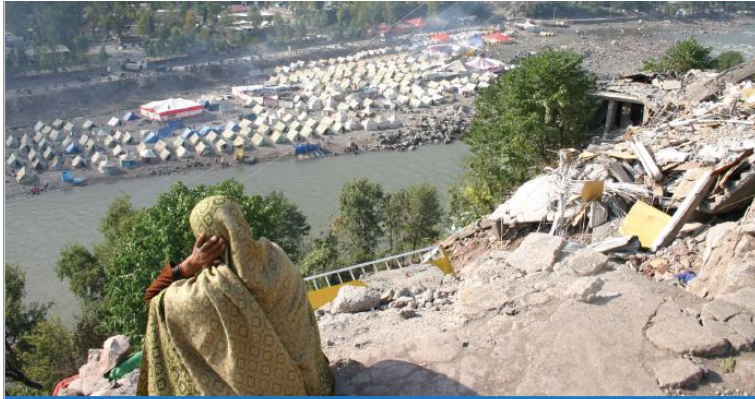
TEAMS



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With the financial support
of the European Union
Humanitarian Aid and
Civil Protection



**CLASSIFICATION AND
MINIMUM STANDARDS
FOR FOREIGN MEDICAL
TEAMS IN SUDDEN ONSET
DISASTERS**

The **‘Emergency Medical Teams’ (EMTs) initiative** evolved in 2010 under the umbrella of the WHO, the Global Health Cluster and other actors, with the aim to **improve the quality and accountability of international emergency medical teams** responding to disasters.

In 2013, the EMT Working Group published a first edition of the **‘Classification and minimum standards for Foreign Medical Teams in sudden onset disasters’**, in which capacities, services and minimum deployment standards for EMTs were defined.



**Emergency
Medical
Teams**

**Public
Health
Teams**

**Mobile
Laboratories**



**European
Medical
Corps**

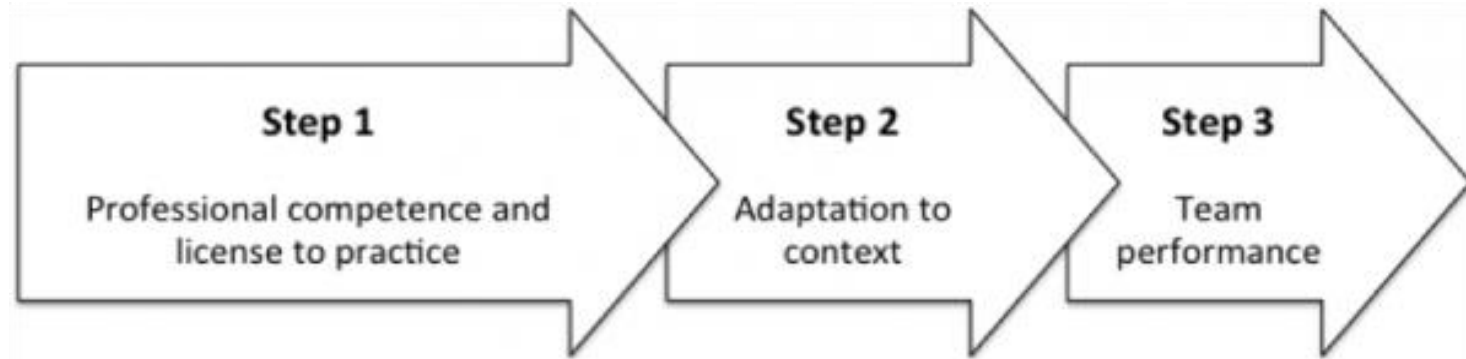
**Logistical
Support
Teams**

**Assessment
&
Coordination
experts**

**Medical
Evacuation**



EMT Competency Areas



Objectives

The overall objective is to **develop, pilot and assess** a standardized, validated and cost-effective **training package, focused on operational team training for EMCs/EMTs**, adaptable to different types of EMCs/EMTs, and sustainable within resource-poor settings.

Specific aims:

- 1) To create a **training framework** focused on operational team training for EMCs/EMTs.
- 2) To develop **teaching materials** and identify effective **training methods**.
- 3) To implement a **low-cost e-learning platform** to facilitate the delivery of the teaching materials that is sustainable beyond the project.
- 4) To design a cost-effective set of **simulation-based immersive scenarios** for training EMCs/EMTs and facilitating quality assurance of these teams.
- 5) To pilot the overall training package through **two main training events**.
- 6) To **assess the effectiveness** of the training in terms of learning outcomes, participants' satisfaction, improvement in technical and non-technical skills of the teams trained and cost-effectiveness.
- 7) To **evaluate the quality** of the training package.



Expected Result

An open online training package consisting of innovative blended learning teaching materials and simulation-based exercises focused on operational team training, adaptable to different types of EMCs/EMTs, and sustainable for low-income countries and resource-poor settings.



Beneficiaries

All the EMC/EMT organizations, as well as universities, professional bodies and training agencies that are involved in EMC/EMT training as they look to comply with WHO classification and minimum standards.



Methodology and Timeline

Task B. Analysis of situation
and definition of training
framework

HCRI - 6 months



Task C. Development of
teaching materials and
evaluation tools

KI - 9 months



Task D. Development of
training tools and simulation
scenarios

UPO - 10 months



Task E. Pilot and assessment

TAU - 15 months



January
2017

July

October

2018

March April

December
2018

Sustainability and Continuation

The online training package will be available **free of charge** after the end of the project to allow continuing access to and the usability of the teaching and training materials by the final beneficiaries all over the world.

The online platform will be developed with a capacity to be **easily accessible from all over** the world and to be **maintained with no cost over time**.

The consortium takes the responsibility for the **quality assurance and evaluation mechanism** of each training delivered by using the TEAMS training package through an **online assessment methodology**.



TEAMS

TRAINING FOR EMERGENCY MEDICAL TEAMS AND EUROPEAN MEDICAL CORPS

- TEAMS Project will improve the quality and professionalism of deployed teams in disasters through a coherent approach to training.
- This standardised training framework and curriculum will assist EMCs and EMTs to prepare for response and allow quality assurance mechanisms for both the initiatives.



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Thank you.

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