

## Overview

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The INSARAG Medical Working Group (MWG) met in Abu Dhabi, United Arab Emirates (UAE), on the 15-16 October 2015. The list of participants can be found in Annex A.

This meeting was hosted by the Ministry of Interior of the Government of the United Arab Emirates and co-organised by the INSARAG Secretariat.

Representatives from the World Health Organization (WHO) and the International Federation of Red Cross and Red Crescent Societies (IFRC) participated in the meeting as well.

## Summary and Action Points

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The MWG discussed the following topics:

- First Responder Training Package
- Nepal Earthquake Response 2015
- WHO Foreign Medical Team Efforts
- Future Potential Items for Examination by the MWG

### 1) INSARAG FIRST RESPONDER TRAINING PACKAGE

At the request of the INSARAG Steering Group, the Medical Working Group conducted a review of the medical module of the INSARAG First Responder Training package. This was done in conjunction with representation from IFRC to ensure that the final INSARAG package is consistent with the training IFRC produces and disseminates worldwide. The following recommendations were provided:

- The entire training course could benefit from a clearer delineation of the intended target audience. As currently described, the target audience is for civilians residing in high-risk areas for collapsed structure incidents. However, in reviewing the overall course, there appear to be learning objectives that might be more suited to personnel working with public safety agencies.
- Regardless of intended audience, clinical skills presented should be consistent with those espoused by the robust programs provided by IFRC (which have an international audience reaching millions).
  - The IFRC has a recognized First Aid course, which is evidence based and is regularly reviewed and revised on a 5-year cycle.
- The recommended revisions to the medical modules in the INSARAG course should include:
  - An introductory statement that IFRC-sponsored First Aid course is a pre-requisite to the INSARAG course or that it is taught in conjunction with the course.
  - The current medical module should be shortened, and focus only on those aspects of medical care that are unique in the collapsed structure environment and that are not already covered in basic first aid courses.

- The focus should be on providing basic principles for adaptation to the unique situations present in the host country.
- Acronyms, though helpful in some situations, should be utilized sparingly as they are not always translated well.
- Group activities should focus on simple interventions which are easily remembered and that can significantly improve the chance of victim survival.
- The proposed revision to lessons in the module would include:
  - Introduction and approach to medical issues in the immediate aftermath of a collapsed structure incident (to include safety considerations)
  - Medical decision-making and scene assessment (to include triage considerations)
  - Unique medical considerations to the collapsed structure environment
  - Handling of deceased
- Technology considerations should be re-evaluated for the entire presentation. Consideration should be given for presentation of the course utilizing hard copies. Large files embedded in the program may be better suited with links to webpages.
- Plan of Action:
  - The proposed manner to complete these changes is for available members of the INSARAG MWG and the IFRC representative to meet in January 2016 in Paris for two days to make necessary revisions.
  - Once revisions are completed, the medical module should be submitted through both IFRC and INSARAG channels for expedited approval. Ideally, this portion of the course could carry labels of acceptance from both organizations.
  - It is recommended that INSARAG support additional pilots of the course with recommendations for revisions incorporated.

## 2) NEPAL EARTHQUAKE RESPONSE 2015

The international search and rescue response to the recent Nepal earthquake was reviewed with discussions focusing on medical issues encountered where appropriate. Each MWG meeting participant briefly discussed his or her relevant experiences during this response (e.g. deployment, supporting team from home base). The participants offered several strategic comments:

- Disaster Risk Reduction (DRR) efforts appeared to have played a role in reducing damage seen.
- A clear challenge throughout remained the topography with much damage being in remote, sparsely situated villages. Road damage also prevented easy access.
- In some instances, the challenge was not inadequate amounts of international assistance (across all sectors) but getting the assistance to the needed locations.
- Humanitarian efforts already present at the time of impact in the country did not always appear to be well coordinated with the acute onset emergency response.

The main medical finding in the discussion related to the new WHO Foreign Medical Team (FMT) initiative and their use during the disaster. As this was on the agenda already, the group moved to this discussion next.

### 3) WHO FOREIGN MEDICAL TEAM (FMT) EFFORTS

The representative from WHO reviewed the on-going FMT efforts:

- The history and need for the system was reviewed.
- The group was briefed that the name will transition to the Emergency Medical Team (EMT) program. This latter name change is being proposed to emphasize national capacity-building before developing international response capability.
- Pre-incident and response processes are being continually refined. Registration has started, and a number of processes are being put in place:
  - The overall strategy being utilized in the FMT initiative is becoming integral to some of the WHO reform initiatives identified as a priority after the Ebola responses of last year. These overarching concepts will become known as the Global Health Emergency Workforce (GHEW).
  - The original classification architecture of teams is now being re-examined for potential expansion to address other types of health or medical assets that can be deployed during disasters.
  - Pre-registration of teams will formally begin this year. The process utilized will entail a visit to the team by a mentor for evaluative purposes. In addition, there will be a submission of a portfolio of evidence to a review board in Geneva (with peer participants). The review of the portfolio will match the submission with the appropriate classification on the registry.
  - There are also plans to conduct evaluations of teams while deployed as a second part of maintaining placement on the registry.
  - The concept behind a management cell for FMTs while deployed is in place and being evolved further. An initial training for personnel who may serve on this group is being offered this month.

The MWG members offered the following comments:

- INSARAG has benefited from a very consistent application of evaluation activities.
- The INSARAG system has been challenged in the past when teams were initially evaluated and felt to not meet the criteria.
- Evaluative activities in the field can be challenging to conduct for multiple reasons, but mainly related to available personnel to conduct objective evaluations of teams.
- USAR teams, by design, have medical components. In traditional USAR operations, medical personnel can take on expansive activities beyond treating entrapped victims and caring for the team (it is important to recognize there are some USAR teams deploy a separate medical capability designed to establish free-standing medical care which is not considered part of the traditional USAR role). Other activities include provision of care while on reconnaissance, provision of care while in remote areas, and triage and stabilization of victims (e.g. after a significant follow-on incident like aftershock).
  - The group voiced the concern that USAR medical teams are already evaluated through the INSARAG process and should not have to undergo two evaluative processes.
  - In addition, they expressed concern that if the FMT initiative represents itself as covering all medical assets deployed into a country. Confused messages may result and potentially there could be risk posed for USAR medical team members.
- The operational coordination in the field between USAR and medical teams could be enhanced.

- The MWG reaffirmed its agreement that a methodology for evaluation and coordination of FMTs is necessary.

Plan of Action:

- The MWG will remain available to work with INSARAG secretariat as it liaises with WHO on ensuring that the medical activities of USAR teams (in a traditional USAR role) are not confused with the FMT initiative.
- The MWG will remain available to work with the INSARAG secretariat as it liaises with WHO on the enhancement of operational coordination mechanisms in the field between the two communities.

#### 4) FUTURE POTENTIAL ITEMS FOR EXAMINATION BY MWG

The MWG group was polled for potential new work products that Team Leaders may have proposed or that they otherwise felt would be valuable to propose to the INSARAG Steering Group for consideration. The following were proposed:

- Development of guidance notes (either individually or as part of a broader medical concept of operations) on:
  - Medical management of the team
  - Medical support to the team (including medical evacuation)
  - Medical rescue operations
  - BoO health considerations
  - Medical implications of hazardous materials
- Guidance notes on medical kit/cache (at the level of a functionally based description). This could include:
  - Packing and storage recommendations
  - Recommendations on narcotics storage, transport, and tracking/accountability
- Recommendations for medical scenarios to be utilized during IEC/IER evaluations
- Developing methodology for collection of commonalities of medical protocols across classified teams

Plan of Action:

- The above items will be submitted to the ISG for evaluation and consideration.

## Annex A – Participants List

### Medical Working Group Participation

	<b>Name</b>	<b>Country</b>	<b>Position</b>	<b>Email Address</b>
1.	Anthony Macintyre	USA	Chair	macintyr@gwu.edu
2.	Peng Bibo	China	Member	pengbibo0610@sina.com
3.	Jun-Ichi Inoue	Japan	Member	inoue.jun1@ymail.com
4.	Thomas Eckhardt	Netherlands	Member	thomas.eckhardt@mka.vrh.nl
5.	Malcom Russell	UK	Member	malcolm.russell@prometheusmed.com
6.	Simon Woodmore	UK	Member	simon.woodmore@lond-amb.nhs.uk
7.	Rudi Coninx	WHO	Member	coninxr@who.int
8.	Magali Jeanteur	France ONG PUI	Member	mjeanteur@gmail.com
9.	Pascal Cassan	IFRC	Member	pascal.cassan@ifrc.org
10.	Riadh Chalgham	UAE	Member	r_shalgham4@hotmail.com