**Annex C Summary of Discussion Points of Indonesia and Haiti Response Review**

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| **Topic** | **Outcome** | **Action** |
| 1. Clinical Capability at Worksite. | The Clinical competencies described in INSARAG Guidelines Medical Supplement must be available at the BoO while simultaneously being available at the worksite/s depending of the team classification. | MWG to amend wording in Guidelines medical supplement to make this requirement more clearly understood. |
| 2. Management of Deceased Bodies. | USAR teams that responded to Indonesia (2009) and Haiti were tasked to recovery the deceased. It is likely to occur in future and therefore teams need to be educated and prepared to perform this task safely and effectively. | MWG to develop guideline on management of decreased. This is a requirement of the TOR. |
| 3. Identification of USAR medical personnel | Due to the ethical, reputational (both team and country) and security issues raised by a USAR team medic not rendering assistance to the wider affected community, it is proposed that USAR medical personnel are clearly identifiable within the team and between teams but not to the wider community. | MWG to propose USAR medical identification system (e.g., green helmet) to INSARAG Steering Committee for consideration. |
| 4. Donations of a USAR teams medical consumable items prior to departure from the affected country. | Donations of medical consumables / equipment must be done in a responsible manner. | MWG to develop a guideline on how best to handover donated medical items responsibly. |
| 5. Research related to medical care in a USAR setting. | A system should be established that allows for the collection and publication of data in a manner that does not enable any individual/s to benefit personally. | MWG to propose a system of data collection and publication for consideration by the INSARAG Secretariat. Although this will be developed from a medical perspective, the principle is equally applicable across all disciplines of USAR. |