**INSARAG Medical Working Group, Meeting Minutes**

Bali Indonesia, 2017

* **Welcome & introductions**: Participants to all INSARAG working groups were welcomed by the host – BASARNAS of Indonesia.
* **MWG agenda**: The proposed draft agenda was presented and endorsed by MWG participants. This is provided as *Attachment A*.
* **MWG participant list**: The MWG undertook a review of participants. A list of MWG participants and those who were able to attend this meeting as well as those who sent their regrets is provided as *Attachment B*.
* **Update from the World Health Organization (WHO)**: Dr. Coninx provided the group with an update from WHO. Important point points related to the organizational structure of WHO and additional re-organizations occurring. The new Director General has placed an emphasis on global response to infectious disease outbreaks and access to healthcare.
* **Review of INSARAG and WHO EMT collaboration**: Dr. Macintyre reviewed for the group activities that have occurred over the past year as INSARAG has collaborated with the WHO EMT initiative. These efforts are designed to enhance operational coordination in the field between the two systems and to ensure the highest level of medical care is provided to victims of acute onset emergencies. Documents reviewed included:
	+ Draft guidance note on UCC and EMT CC coordination (provided by INSARAG in 2016)
	+ INSARAG and WHO EMT coordination gaps and recommendations (developed by INSARAG MWG in 2016)
	+ Defining USAR Medicine concept paper (developed by INSARAG MWG and endorsed by INSARAG SG & WHO EMT Leadership in February 2017). This is provided as *Attachment C*.
* The MWG discussed the relevance of the Defining USAR Medicine concept paper and felt that this important document required further distribution.
* **Recommendations**:
	+ The paper should be presented at the upcoming TL meeting
	+ The paper should be posted on the INSARAG website.
	+ WHO EMT leadership should be approached regarding providing links to this document on their website.
* **Operationalization of USAR Medical Team coordination with WHO EMTs**: The MWG discussed numerous topics and developed products related to enhancing operational coordination between USAR teams and EMTs during response in the field and making the two systems complementary:
	+ Acceptance of USAR Medical Teams: The MWG discussed EMT procedures for medical reciprocity (permission to practice medicine in a foreign/impacted country). Though this has occurred in the past for USAR Medical Teams, it has not been a consistent practice and has varied amongst donor countries. The MWG developed template guidance for donor countries to consider, if they do not already have a consistent process. This template, “Requesting Authority to Practice for USAR Medical Teams,” is provided as *Attachment D*.
		- **Recommendation:** This document should be presented to the INSARAG SG for acceptance in February, 2018. If accepted, it should be incorporated into the INSARAG guidelines as a tool that USAR teams can use if they do not already have a process for gaining acceptance for their medical component to practice medicine in impacted countries.
	+ Essential elements of information common to both USAR and EMT systems: The MWG developed a list of data categories that both USAR and EMT teams could require while deployed in the field. One example discussed was healthcare infrastructure assessments. Both systems have in the past conducted healthcare assessments. For example, USAR has done this in the past at the request of the LEMA/MoH (e.g. structural assessments) or in order to establish valid places for hand off of patients extricated. EMTs have collected this information as part of their regular operations in order to establish ideal locations for EMT support. In addition, the Health Cluster (when present) has a role in these assessments.
		- This data list was developed for several reasons and is provided as *Attachment E*:
			* Both EMTs and USAR teams could require this data to be optimally successful during operations. It is proposed that both systems consider this list and begin to develop complementary systems for accumulation and sharing of this data.
			* It was recognized that both systems (and in some cases the Health Cluster) may collect in the field some of the data in these different categories. In order to further complementary procedures, consistency should be explored between the two systems.
			* Through consideration of this type of list, operational procedures and templates can be developed.
		- **Recommendation:** This list should be shared with the WHO (EMT and Health Cluster leadership) and further discussions should occur in order to develop complementary data collection. Procedures should be developed to ensure sharing of the information in an operational environment.
	+ Patient Treatment form: Clinical information on individual patients is one type of data set that USAR medical teams collect and that should be consistent with EMT data sets. In the past, INSARAG MWG had developed a patient treatment form which was endorsed as a tool for USAR teams that did not have a treatment form of their own. The MWG reviewed this form and the EMT clinical data set. A new patient treatment form was developed in order to capture relevant information for both systems (as USAR could hand patients off to EMTs in the field). This form meets the 5 modules of the EMT Minimum Data Set (MDS). In addition, this form is to be distinguished from the Patient Extrication Form which does not contain clinical information and is already utilized widely in the USAR system for reporting to the UCC. The new Patient Treatment Form is included as *Attachment F*.
		- **Recommendation:** This document should be shared with the EMT leadership for review to ensure it would be helpful during patient hand offs.

 **Key Discussion Points from the INSARAG Working Group's Meeting to prepare for upcoming events and implementation of the ISG agenda for 2017 - 18**

* **Future of the Medical Working Group**: MWG members noted that there are on-going discussions within the INSARAG community regarding the future construct of all working groups. The MWG reviewed some of these proposals and listed future activities that the MWG will be required to complete. These include:
	+ Continued work on collaboration with the WHO EMT efforts to further enhance operational coordination in the field between the two systems
	+ Assistance to the Guidelines Review Group as they are reconstituted in 2018
	+ Review and update of already developed “Guidance Notes” to ensure currency
	+ Development of any new “Guidance Notes” as requested by the Team Leaders
* **Guidance note on medical cache development and logistics**: The MWG continued the development of this guidance note which is being done at the request of the Team Leaders. Further work will continue in 2018.
* **Close of Medical Working Group meeting and integration with the Team Leaders meeting**: The MWG closed its meeting with thanks to the host, BASARNAS of Indonesia. MWG members were then integrated into the Team Leaders meeting for the remainder of the week.