**ATTACHMENT E: Common essential elements of information between USAR Medical Teams and EMTs**

**11 May 2022**

* This list provides data categories that are complementary to both USAR Medical Teams and EMTs while operating in the field
* This list was developed for several reasons:[[1]](#footnote-1)
  + Both EMTs and USAR teams could require this data to be optimally successful during operations.
  + It is proposed that both systems consider jointly developing operational procedures for accumulation and sharing of this data.
  + It is recognized that both systems (and in some cases the Health Cluster) may collect some of the data in these different categories.
* **Data sets of common interest**
  + **Patient related information**
    - Individual patient treatment information
      * Patient treatment form on handover
      * Follow up on clinical outcomes
    - Aggregate data
      * Patient numbers
      * General patient conditions encountered
  + **Impacted country information**
    - General information
      * Endemic infectious disease risks
      * Environmental risks (insects, animals, botanicals)
      * Political/religious/cultural considerations
      * Weather
      * Security issues
    - Hazard impacts (with associated mapping if available)
      * Health and medical infrastructure impacts
        + Joint form to be developed as discussed and agreed in INSARAG MWG & WHO-EMT meeting 10 May 2022.
      * Transportation interruptions (roads, mass transit, etc.)
      * Power interruptions
      * Water and sanitation interruptions
      * Communications interruptions
      * Secondary hazards as a result of original impact (e.g. chemical release, radiological release – with modeling as relevant)
    - Capabilities
      * Identification, location, and POC for LEMA
      * Identification, location, and POC for MoH
      * Health and medical facility locations, capabilities, contact methods
        + Regularly updated due to dynamic conditions (e.g. changing hospital capacities)
      * Local/National resources (locations & capabilities)
        + Military
        + Governmental
        + NGOs
      * Medical transportation contact methods, locations, capabilities
      * Security services
  + **Procedures established by impacted country**
    - Medical reporting methods (patient clinical information, epidemiologic information, other data recovered from the field)
    - Reporting, recovery, and disposition of deceased
    - Disposal of clinical waste
    - Authority to practice medicine
      * Limitations on medical scope of practice
    - Medical donations procedures (e.g. WHO guidelines)[[2]](#footnote-2)
    - Patient hand off procedures to local healthcare infrastructure
  + **Humanitarian assistance information**
    - EMT locations and capabilities
    - USAR medicine locations and capabilities
    - Health cluster & partners location and capabilities
    - UCC location and contact methods
    - EMT CC location and contact methods
    - General humanitarian relief and information

1. This list was originally developed and shared in 2017. It has been updated in 2022 to inform future EMT CC and UC coordination mechanisms. [↑](#footnote-ref-1)
2. [Microsoft Word - Donations\_guidelines\_2010.doc (who.int)](https://apps.who.int/iris/bitstream/handle/10665/44647/9789241501989_eng.pdf;jsessionid=0B3D4D0E0B24EEB8BA47A277B2E83294?sequence=1) [↑](#footnote-ref-2)