**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)