**Attachment C: Medical Working Group input into Flexible Response Working Group**

 **May 2022**

Delineation of USAR Medicine in relation to the WHO EMT System

In line with the INSARAG Guidelines, international USAR teams have five components, one of which is the medical component. Some institutions or Governments have the capacity of deploying USAR teams and/or EMTs as defined by WHO. The medical component of a USAR team should not be confused with an actual EMT. Reference <https://www.insarag.org/wp-content/uploads/2018/12/Attachment_C_Defining_USAR_medicine_INSARAG_MWG_Final_agreed.pdf>

The Flexible Response Working Group should consider that any stand-alone capability that is designed to provide clinical care should fall under the purview of the WHO EMT initiative. Therefore, if a sponsoring agency is looking to deploy a medical team into an affected area with the purpose of providing clinical care, this should be done under the auspices of a formal EMT deployment.

Flexible Response

Potential flexible response capabilities under discussion include teams for damage assessment, flood/water rescue, HAZMAT, structural assessments, tropical storms, storm surge, wildland (bush) fires, landslides, avalanches, and explosions.

If a sponsoring agency is seeking to deploy a stand-alone specialised flexible response capability, it would be an inherent requirement that these teams have an embedded medical component within their structure, much like the medical component within an INSARAG USAR team.

The primary focus of the flexible response team’s medical component is to provide medical care to the team members and to victims encountered while conducting operations, it is not intended to provide medical care to the broader affected community. Additionally, as with USAR medics, it is imperative that these flexible response medics are appropriately trained and equipped to function safely and effectively in the environments in which they deploy.

Stand-alone medical teams should not be part of the INSARAG suite of services provided under a flexible response umbrella, this capacity resides firmly within the WHO EMT system.

The INSARAG MWG should be viewed as the appropriate forum to provide guidance on the medical component embedded within the various flexible response capabilities.

Role of the USAR medics in “Beyond the Rubble”

When on a USAR deployment, once the LEMA have declared the end to the search and rescue phase, the USAR medics are a resource that can potentially be reassigned to provide medical support and services while they are waiting to demobilise. Examples may include:

* Healthcare infrastructure assessments in conjunction with USAR engineers
* Health needs assessments
* Provide advice on or facilitate health and medical donations
* Augmenting and supporting the delivery of local healthcare
* Supporting EMT Coordination Cell efforts

**Other General Considerations for the Flexible WG**

1. General Assembly Resolution (GAR) 57/150 is specific to search and rescue in the context of structural collapse. Therefore, the current international deployment “mandate” provided by GAR 57/150 does not extend to international deployments to e.g., floods, wildland fires, landslides, etc. Consideration should therefore be given to the mechanism that will be utilised to facilitate these types of responses under the INSARAG umbrella.
2. INSARAG has been successful in defining minimum standards for USAR teams and resource typing based on capability, e.g., Light, Medium, Heavy. Prior to the IEC/R system, INSARAG teams conducted a self-evaluation of their capability, which was very subjective and led to significant variations in competency and capability. This became evident (and problematic) on deployments when team were self-classified to the same level but performed very differently. This situation was the catalyst for the design and implementation of the IEC/R system. If flexible response is going to be conducted under the auspices of INSARAG, to maintain the integrity of the brand and ensure consistency of capability and quality, it is incumbent on the INSARAG system to determine minimum standards and capabilities. This is not to suggest that something as robust as the IEC/R system needs to be replicated for each type of flexible response, however, there does need to be guidance on minimum standards and a quality assurance program.
3. Being mindful of existing bilateral arrangements for certain responses, e.g., wildland (bush) fires where countries have existing arrangements to augment resources during extensive, protracted campaigns (Australia and USA; EU). The flexible response capabilities should be intended to augment and support these existing bilateral mechanisms rather than replacing them.