# Commission Implementing Decision (EU) 2019/1930 of 18 November 2019 amending Implementing Decision (EU) 2019/570 as regards rescEU capacities (notified under document C(2019) 8130) (Text with EEA relevance)

## COMMISSION IMPLEMENTING DECISION (EU) 2019/1930

of 18 November 2019

amending Implementing Decision (EU) 2019/570 as regards rescEU capacities

*(notified under document C(2019) 8130)*

(Text with EEA relevance)

THE EUROPEAN COMMISSION,

Having regard to the Treaty on the Functioning of the European Union,

Having regard to Decision No 1313/2013/EU of the European Parliament and of the Council of 17 December 2013 on a Union Civil Protection Mechanism[(1)], and in particular point (g) of Article 32(1) thereof,

Whereas:

(1) Decision No 1313/2013/EU sets out the legal framework of rescEU. rescEU is a reserve of capacities at Union level aiming to provide assistance in overwhelming situations where overall existing capacities at national level and those committed by Member States to the European Civil Protection Pool are not able to ensure an effective response to natural and man-made disasters.

(2) Commission Implementing Decision (EU) 2019/570[(2)] sets out the initial composition of rescEU in terms of capacities and its quality requirements. The initial rescEU capacities consisted of aerial forest firefighting capacities using airplanes and helicopters.

(3) In accordance with Article 12(2) of Decision No 1313/2013/EU, rescEU is to be defined taking into account identified and emerging risks, overall capacities and gaps at Union level. One of the areas where rescEU should particularly focus is the area of emergency medical response.

(4) In the area of emergency medical response, an analysis of identified and emerging risks as well as of capacities and gaps at Union level reveals that rescEU capacities for medical aerial evacuation of disaster victims (‘Medevac’) and an emergency medical team type 3 (‘EMT type 3’) are needed.

(5) In order to prevent any risk of transmission from highly infectious disease patients, there should be two different types of Medevac capacities, the evacuation of disaster victims with highly infectious diseases and other disaster victims with non-infectious diseases.

(6) An emergency medical team (‘EMT’) is a deployable team of medical and other key personnel trained and equipped to treat patients affected by a disaster. The World Health Organisation classifies emergency medical teams under three different types depending

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on the level of care they offer. Given that no Member State presently possesses an EMT type 3 capacity that can respond to a government request for this level of clinical care, it proves to be a response capacity gap at Union level.

(7) Medevac and EMT type 3 capacities are capacities that could respond to low probability disasters with a high impact and, where appropriate and if defined as capacities established to respond to low probability risks with a high impact by means of implementing acts as provided for in Article 32(ha) of Decision No 1313/2013/EU, full Union financial assistance would be provided to ensure availability and deployability for such capacities.

(8) To ensure implementation of Article 12(2) of Decision No 1313/2013/EU, Medevac and EMT type 3 capacities should be incorporated in the composition of rescEU.

(9) In accordance with Article 12(4) of Decision No 1313/2013/EU, quality requirements for response capacities forming part of rescEU are to be laid down after consultation with Member States and based on established international standards, where such standards already exist.

(10) Given the lack of established international standards for medical aerial evacuation capacity, the quality requirements for medical aerial evacuation capacities should be based on the existing general requirements for modules under the European Civil Protection Pool and best practices within the Union Mechanism. The quality requirements for EMT type 3 should be based on minimum standards provided by the World Health Organisation.

(11) In order to provide Union financial assistance for developing such capacities in accordance with Article 21(3) of Decision No 1313/2013/EU, their total estimated costs should be defined. Total estimated costs should be calculated taking into account the categories of eligible costs laid down in Annex IA to that Decision.

(12) Implementing Decision (EU) 2019/570 should therefore be amended.

(13) The measures provided for in this Decision are in accordance with the opinion of the committee referred to in Article 33(1) of Decision No 1313/2013/EU,

HAS ADOPTED THIS DECISION:

*Article 1*

Implementing Decision (EU) 2019/570 is amended as follows:

1. Article 1 is amended as follows:

(a) point (b) is replaced by the following:

(b) the financing of capacities during the transitional period referred to in Article 35 of Decision No 1313/2013/EU;;

(b) the following points (c) and (d) are added:

(c) total estimated costs of medical aerial evacuation rescEU capacities;

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(d) total estimated costs of emergency medical team type 3 rescEU capacities.;

2. the following Article 1a is inserted:

*Article 1a*

**Definitions**

For the purposes of this Decision, the following definitions shall apply:

(1) "medical aerial evacuation capacity ('Medevac" means a response capacity that can be used for aerial evacuation of patients with highly infectious diseases as well as non-infectious diseases, such as patients in need of intensive care, patients who need to be immobilized during transport on stretchers and lightly injured patients;

(2) "EMT type 3" means a deployable emergency team of medical and other key personnel trained and equipped to treat patients affected by a disaster and which provides complex inpatient referral surgical care, including intensive care capacity.';)

3. in Article 2, paragraphs 1 and 2 are replaced by the following :

1. rescEU shall consist of the following capacities:
— aerial forest firefighting capacities,
— medical aerial evacuation capacities,
— emergency medical team capacities.

2. The capacities referred to in paragraph 1 shall include:

(a) aerial forest firefighting capacities using airplanes;

(b) aerial forest firefighting capacities using helicopters;

(c) medical aerial evacuation capacities for highly infectious disease patients;

(d) medical aerial evacuation capacities for disaster victims;

(e) emergency medical team type 3 capacities: Inpatient Referral Care.;

4. The following Articles 3a and 3b are inserted:

*Article 3a*

**Total estimated costs of rescEU medical aerial evacuation capacities**

1 All cost categories referred to in Annex IA of Decision No 1313/2013/EU shall be taken into account when calculating the total estimated cost of rescEU medical aerial evacuation capacities.

2 The category referred to in point 1 of Annex IA to Decision No 1313/2013/EU of the total estimated cost for medical aerial capacities evacuation for highly

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infectious disease patients and medical aerial evacuation capacities for disaster victims shall be calculated based on market prices at the time when the capacities are acquired, rented or leased in accordance with Article 12(3) of Decision No 1313/2013/EU. Where Member States acquire, rent or lease rescEU capacities, they shall provide the Commission with documentary evidence of the actual market prices or, where there are no market prices for certain components of those capacities, with equivalent evidence.

3 The categories referred to in points 2 to 8 of Annex IA to Decision No 1313/2013/EU of the total estimated cost for medical aerial evacuation capacities for highly infectious disease patients and medical aerial evacuation capacities for disaster victims shall be calculated at least once during the period of each multiannual financial framework, taking into account information available to the Commission, including inflation. This cost shall be used by the Commission for the purpose of providing annual financial assistance.

4 The total estimated cost referred to in paragraphs 2 and 3 shall be calculated where at least one Member State expresses interest to acquire, rent or lease such a rescEU capacity.

*Article 3b*

**Total estimated costs of rescEU emergency medical team type 3 capacities**

1 All cost categories referred to in Annex IA of Decision No 1313/2013/EU shall be taken into account when calculating the total estimated cost of emergency medical team type 3: Inpatient Referral Care.

2 The category referred to in point 1 of Annex IA to Decision No 1313/2013/EU of the total estimated cost for emergency medical team type 3: Inpatient Referral Care shall be calculated based on market prices at the time when the capacities are acquired, rented or leased in accordance with Article 12(3) of Decision No 1313/2013/EU. Where Member States acquire, rent or lease rescEU capacities, they shall provide the Commission with documentary evidence of the actual market prices or, where there are no market prices for certain components of those capacities, with equivalent evidence.

3 The categories referred to in points 2 to 8 of Annex IA to Decision No 1313/2013/EU of the total estimated cost for emergency medical team type 3: Inpatient Referral Care shall be calculated at least once during the period of each multiannual financial framework, taking into account information available to the Commission, including inflation. This cost shall be used by the Commission for the purpose of providing annual financial assistance.

4 The total estimated cost referred to in paragraph 2 and paragraph 3 shall be calculated where at least one Member State expresses interest to acquire, rent or lease such a rescEU capacity.;

5. Annex I is amended as set out in the Annex to this Decision.

*Article 2*

This Decision is addressed to the Member States.

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Done at Brussels, 18 November 2019.

*For the Commission*

Christos STYLIANIDES

*Member of the Commission*