

MINIMUM TECHNICAL STANDARDS AND RECOMMENDATIONS FOR REHABILITATION

Emergency Medical Teams



Emergency medical teams: minimum technical standards and recommendations for rehabilitation

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Foreword

Emergencies, particularly sudden-onset disasters, can result in a surge of traumatic injuries that strain health systems and leave a legacy of disability in their wake. Responding to the needs of the people affected can be challenging in settings with limited health and rehabilitation infrastructure, where many emergencies occur. The World Health Organization (WHO) Emergency Medical Team (EMT) initiative supports populations devastated by such situations by ensuring a rapid, professional, coordinated medical response by both national and international teams.

Rehabilitation has been increasingly recognized as a necessary aspect of medical response and patient-centred care, as demonstrated by its inclusion in *the Classification and minimum standards for foreign medical teams in sudden onset disasters* (1). This document, a first of its kind, clearly sets out the standards for rehabilitation and provides guidance on building or strengthening the capacity of EMTs in this area.

The importance of early rehabilitation for functional outcomes is well documented. Rehabilitation needs can persist far beyond the departure of EMTs; therefore, close, supportive collaboration must be established with local services. Emergency response presents an opportunity to rebuild devastated health systems and build local rehabilitation capacity. This document emphasizes the importance of aligning practices to the local context and maximizing opportunities for training and mentorship. The minimum standards and recommendations described will result in faster access of patients to rehabilitation services and equipment and a better transition between EMTs and local health facilities.

The process to develop this document has been highly consultative and is the product of a collaboration between WHO and global experts from the rehabilitation field. However, like all minimum standards, it should be viewed as a 'living' document that evolves over time as new insights and evidence come to hand from users, recipients of medical and rehabilitation services in emergency settings, and practitioners.

I would like to extend my sincere appreciation to all of the contributors to this document, both those who participated in formal working groups, and those who provided their input through informal channels. Finally, I would like to thank Jody-Anne Mills for shepherding this document from its inception to final publication; a significant achievement indeed.

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