

# Report



**Government of Nepal**  
**Ministry of Health and Population**





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**Technical and Financial Support:**



**World Health  
Organization**

**Nepal**

**Acknowledgement: *This activity is made possible through financial support of the United States Department of State (USDOS).***



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Government of Nepal

# Ministry of Health & Population



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Ramshahpath, Kathmandu  
Nepal

Date : .....

It is with great pride and a sense of profound responsibility that I pen down foreword on the occasion of the successful conduction of "First National Workshop on Emergency Medical Teams (EMTs)" held in Nepal.

Nepal, a nation graced with diverse topography and climatic conditions, has always been prone to a multitude of hazards, both natural and otherwise. In our unwavering commitment to the well-being of our citizens, we have embarked on a journey to ensure that emergency health services and universal health are not just ideals but a reality for all.

Article 35 of the Constitution of Nepal 2072 and Chapter 6, Section 48 of the Public Health Act (PHA) 2075 stand as testament to our nation's steadfast commitment to providing rapid health services to our people in the aftermath of disasters. These commitments serve as our guiding light in the quest to establish, develop, and fortify our Emergency Medical Teams (EMTs) in Nepal.

As the Health Minister of Nepal, I extend my warmest congratulations to the Ministry of Health and Population for successfully hosting the inaugural National Workshop on EMTs. This milestone achievement speaks volumes about Nepal's dedication to disaster preparedness and our resolve to ensure the safety and well-being of our citizens during times of crisis.

I wish to express my sincere gratitude to WHO Nepal for their consistent and invaluable support. Nepal has experienced the importance of international collaboration during disasters, notably during the Nepal Earthquake, when foreign EMTs came to our aid. The coordination of these foreign teams was through the Foreign Medical Team Coordination Cell (FMTCC) established at the MoHP under the technical guidance of WHO.

In conclusion, as we celebrate the success of the "First National Workshop on Emergency Medical Teams", let us remain steadfast in our commitment to preparedness, resilience, and the well-being of our people. The Emergency Medical Teams initiative embodies our shared aspiration to "save lives, preserve health, and alleviate suffering".

.....  
Hon'ble Minister Mohan Bahadur Basnet  
Ministry of Health and Population  
Ramshahpath, Kathmandu, Nepal



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FOREWORD

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I am honored to address through this report, which encapsulates the invaluable outcomes and collective way forwards following the successful conclusion of the National Workshop on Emergency Medical Teams (EMTs). As the Health Secretary of the Ministry of Health and Population, Nepal, I take immense pride in presenting the achievements and insights gained from this pivotal workshop.

The Ministry of Health and Population has a long-standing record of proactively addressing disaster and public health emergencies. Our resilience was put to the test during the devastating earthquake of 2015, which left a profound impact on our nation. I vividly remember the remarkable response by Foreign Medical Teams (FMTs) during that challenging period. Their support, dedication, and expertise along with esteemed health workforce of our country played a crucial role in alleviating the suffering of millions of affected individuals.

The experience of the 2015 earthquake highlighted the importance of having a well-organized and highly skilled emergency medical response system in place. Since then, the formation of National EMTs and the development of comprehensive national guidelines have been high priorities for the Ministry of Health and Population. The ongoing COVID-19 pandemic further underscored the urgency of this endeavor. We successfully established EMTs in all Hub Hospitals across Nepal, developed EMT Mobilization Guidelines, and trained over 225 EMTs nationwide.

Today, as we celebrate the culmination of the first-ever National Conference on EMTs, we mark a significant milestone in our journey. It represents our formal commitment to embrace the EMT initiative in Nepal, signaling our resolve to be better prepared for disasters and public health emergencies. The knowledge and insights gained during this conference will serve as the foundation upon which we will build, transitioning from qualified National EMTs to globally accredited ones.

I wish to express my sincere gratitude to WHO-Nepal for their unwavering support and commitment in turning our plans into actionable initiatives. I am optimistic that together we will continue to strengthen our healthcare system for the well-being of our citizens.

.....

Dr Roshan Pokhrel  
Secretary, Ministry of Health and Population



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## FOREWORD

On this significant occasion, it is my privilege to extend my heartfelt appreciation and gratitude as we commemorate the successful conduction of the National Workshop on Emergency Medical Teams (EMTs) on 23-24 June 2023 in Nepal. This remarkable event, held with utmost dedication and commitment, marks a crucial step forward in our journey towards enhancing Nepal's emergency response capabilities.

Nepal's topography and climatic diversity have made us susceptible to a spectrum of hazards that demand a robust and agile response system. The conduction of the National Workshop on EMTs signifies our proactive approach in ensuring that our healthcare infrastructure is not only resilient but also capable of providing timely and efficient medical assistance during times of crisis.

I extend my deepest gratitude to all participants, both local and international, for their valuable contributions and insights. Your presence and engagement have undoubtedly enriched the discourse on strengthening emergency medical team and its future perspective in Nepal.

As we move forward, I am confident that the knowledge shared, partnerships forged, and strategies formulated during this National Workshop on EMTs will serve as a cornerstone for our emergency response endeavors. The spirit of collaboration exhibited here will undoubtedly enable us to better serve our communities and provide the necessary care when it matters most.

I commend the World Health Organization (WHO) for their tireless efforts in organizing this pioneering workshop, which brings together experts and stakeholders to collectively refine our emergency medical response strategies.

My special mention goes to Dr Allison Gocotano, Dr Subash Neupane, Dr Amit Singh, Mr Prahlad Dahal, Dr Gaurav Devkota, Dr Bigyan Prajapati, Dr Shrijana Singh, Mr Prakash Chandra Ghimire, Mr Ramdaresh Pandit, Mr Sanjib Gautam, Dr Anant Nepal, Mr Subash Thapaliya, and Hospital Preparedness Officer of all 7 Provinces who were instrumental in successful conduction of the Workshop. Your commitment to the betterment of our emergency medical response capabilities is a testament to our collective determination to ensure the safety, health, and resilience of our nation and its people.

.....

Dr Samir Kumar Adhikari

Chief, HEOC, Ministry of Health and Population



World Health  
Organization

Nepal

## Message

In recent decades, our world has confronted numerous major emergencies which have deeply impacted millions of lives worldwide. The COVID-19 pandemic, in particular, has taken a devastating toll in ways that no one can measure, where each country has responded and been affected differently. Throughout these trying times, it has become abundantly clear that the need to expand training and standardize high-quality public health and medical assistance is not just a priority, it must be an imperative commitment at the national, regional, and global levels for emergency preparedness and response. Our shared humanity compels us to be better prepared for future crisis.

At the forefront of our preparedness and response efforts stand the National Emergency Medical Teams (EMTs) as the first line of defense, ready to provide immediate and appropriate surge responses to emergencies that directly impacts the populations within each country's borders. In times of crisis, international teams may complement these efforts by assisting overwhelmed health systems. However, the existence of fully trained national teams, operating under clear standard operating procedures, is paramount to ensuring the timely delivery of life-saving interventions.

The First National Workshop on Emergency Medical Teams, a pioneering event held in Nepal on 23-24 June 2023 marks a monumental achievement for the nation. It serves as a testament to Nepal's unwavering commitment to advancing the cause of National EMTs. This workshop has not only served as a platform to ease deeper understanding of EMT initiatives but has also opened doors to potential accreditation of Global EMTs. The successful execution of this national workshop, generously supported by the WHO, paves the way for the expansion of the EMT initiatives within Nepal.

WHO reaffirms its commitment to assist Nepal in strengthening its preparedness, readiness, and response capacities for all types of disasters and public health emergencies. This commitment extends to the development of EMTs, which will be primed to deliver life-saving interventions first and foremost within Nepal and, perhaps in the future, to extend a helping hand to other nations in times of dire need.

A handwritten signature in blue ink, appearing to read 'R. Sambhajirao Pandav'.

Dr. Rajesh Sambhajirao Pandav  
WHO Representative to Nepal  
27 September 2023

## Message

It is with pleasure and a profound sense of accomplishment that I extend my warm congratulations to each and every one of you on the successful completion of the National Workshop on Emergency Medical Teams (EMTs), held on June 23-24, 2023. As the Team Lead of the World Health Organization's Health Emergencies program in Nepal, I am honored to share this remarkable achievement.

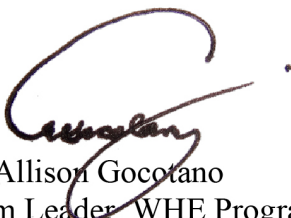
This workshop marked a pivotal moment in our collective journey towards enhancing emergency medical response and strengthening the emergency healthcare system in Nepal. The dedication and commitment demonstrated by all the professionals, experts, and stakeholders have been instrumental in ensuring the workshop's success. I extend my gratitude for your unwavering support and tireless efforts.

I express my sincere appreciation to the experts and veterans in this field from WHO headquarters and WHO Regional Office for South-East Asia. Your invaluable contributions, guidance, and support have been instrumental in shaping the content and quality of this workshop aligned with the global and regional priorities and contextualized for Nepal.

As we celebrate the successful conclusion of this workshop, let us not forget that our journey is far from over. The knowledge gained and experiences shared here must now be translated into action in our respective communities. I urge each participant to carry forward the spirit of learning and cooperation, with the direction of achieving Global EMT accreditation through prioritization and championing of the national EMT initiative.

Furthermore, the presence of the Minister of the Ministry of Health and Population at this event is a testament to the government's high-level commitment to the EMT initiative in Nepal. It is a strong message that the federal government values the health and well-being of its citizens and is actively working towards enhancing emergency medical care during disaster and public health emergencies across the country.

WHO reiterates its commitment to supporting the efforts of Nepal in strengthening its healthcare system and health emergency response capabilities. Together, we continue to endeavor that every person in Nepal has access to timely and quality emergency medical care.



Dr. Allison Gocotano  
Team Leader, WHE Programme  
WHO, Country Office for Nepal  
27 September 2023





# NATIONAL WORKSHOP ON EMERGENCY MEDICAL TEAM (EMT)

23-24 June, 2023 | Kathmandu, Nepal

## **Executive Summary**

**Report Title:** The National Workshop on Emergency Medical Teams (EMT)

**Date:** June 23-24, 2023

**Venue:** Lalitpur, Nepal

The National Workshop on Emergency Medical Teams (EMT) held in Lalitpur, Nepal, on June 23-24, 2023, marked a significant milestone in Nepal's efforts to strengthen its emergency response capabilities. The event was inaugurated with an opening session attended by key dignitaries, including Hon' Health Minister Mr. Mohan Bahadur Basnet, Additional Health Secretary Mr. Tanka Prasad Barakoti, and WHO Representative of Nepal, among others. The workshop aimed to enhance Nepal's preparedness and response to disasters and public health emergencies through the development of robust EMTs.

### **Opening Session (June 23, 2023):**

The opening session set the stage for the workshop's objective and discussions.

Notable highlights included:

- The presence of international experts, including Dr. Flavio Salio, Dr. Kai Hsiao, and Dr. John Prawira, who shared their insights on EMTs.
- Dr. Madan Kumar Upadhyaya, QSRD Chief, emphasized Nepal's capacity to develop well-equipped EMTs, drawing from the country's experience during the 2015 earthquake and the 2020 COVID-19 pandemic.
- Dr. Rajesh Sambhajirao Pandav, WR-WHO Nepal, stressed the importance of trained Emergency Medical Teams (EMTs) and clear Standard Operating Procedure (SOPs) for effective response.
- Dr. Dipendra Raman Singh, DG-DoHS, emphasized the need for every hospital to have an emergency preparedness plan and the establishment of dedicated EMTs.
- Hon. Health Minister Mr. Mohan Bahadur Basnet announced the vision of strengthening Nepal's preparedness and response capacity, including the creation of an "Emergency Fund", under MoHP-Nepal.
- Guardian of the Event, Additional Secretary, Dr. Tanka Psd. Barakoti, highlighted the concept of having dedicated teams in hub and satellite hospitals for acute surge response.

## **Technical Sessions and Group Discussions (Day 1 and 2):**

The technical sessions delved into the core of EMTs, with presentations on EMT initiatives, achievements in policies and national guiding documents, and the Global EMT 2030 Strategy. Group discussions aimed to review and refine the draft SOP on EMTs, with participants divided in to five mixed groups providing valuable feedback.

### **Panel Discussion:**

A panel discussion featured key experts from various health sectors who shared their perspectives on EMTs and their importance in Nepal's Healthcare System. The panelists also answered to the queries raised by the participants during Q&A sessions.

### **Closing Ceremony:**

The event concluded with a closing ceremony acknowledging the successful completion of the workshop. Dignitaries and representatives from various organization graced the occasion.

### **Way Forward:**

The workshop yielded important recommendations for the future of EMT initiatives in Nepal, including.

1. Developing strong legislation to define the roles of Hub and satellite hospitals and establish EMTs.
2. Establishing a "Public Health Emergency Fund" for the sustainability of EMT capacity building.
3. Ensuring regular communication and coordination with the EMT Global Network and partners.
4. Developing and capacitating specific EMTs (Infectious Disease Management and Mass Casualty management ) in each Hub and Satellite Network.
5. Establish an EMT coordination center to manage data, develop national rosters, and facilitate public engagement in EMT deployment.

**In summary,** the National Workshop on EMTs in Nepal served as a platform to enhance the country's emergency response capacities, with a clear roadmap for the development and its implementation of EMTs, ensuring Nepal's readiness for future disasters and public health emergencies.

## 23 June 2023: Opening Session

The National Workshop on EMT held in Lalitpur, Nepal on 23-24 June, 2023 commenced with an opening session chaired by Additional Health Secretary **Mr. Tanka Prasad Barakoti**, with guardianship of Hon' Health Minister **Mr. Mohan Bahadur Basnet**, and in presence of WHO Representative of Nepal, Division Chiefs/Senior officials of the Ministry of Health and Populations, Department of Health Services, Provincial Health Directorates, Officials from NEOC, Nepal Army, Nepal Armed Police Force, Nepal Police, Directors of Hub Hospitals and EMT Focal persons from all the Hub Hospitals. The opening session was hosted by Chief, Health Emergency Operation Center (HEOC) Dr Samir Kumar Adhikari. The stage was shared with international experts Dr Flavio Salio (EMT Network Leader, WHO HQ), Dr Kai Hsiao (EMT Consultant) and Dr John Prawira (Technical Officer, EMT WHO HQ).



**Opening Ceremony** : From Left: Dr Madan Kumar Upadhyaya, Mr. Tanka Prasad Barakoti, Hon' Health Minister Mr. Mohan Bahadur Basnet, WR Nepal Dr Rajesh Sambhajirao Pandav, Dr Flavio Salio

The session began with the National Anthem, fostering a sense of unity and patriotism among the attendees, followed by “Deep Prajwolan” by the guardian of the event “Hon. Minister. Mr. Mohan Bahadur Basnet”.



**Deep Prajwolan :** *“Deep Prajwolan” by the guardian of the event “Hon. Minister. Mr. Mohan Bahadur Basnet”*

Following the National Anthem, **Dr. Madan Kumar Upadhyaya** (Chief, Department of “Quality Standard & Regulation Division (QSRD) from the Ministry of Health, and Population (MOHP) took the stage to present the objectives of the workshop. Dr. Upadhyaya's insightful presentation shed light on the purpose and goals of the gathering, providing a clear direction for the discussions and activities that would take place over the next two days.



The workshop aimed to enhance collaboration and knowledge exchange among professionals in the health sector to establish the National Emergency Medical Teams. By bringing together experts from various organizations and backgrounds, the event sought to promote innovative approaches and strategies in addressing the challenges in Nepal in field of preparedness and response to disaster and public health emergencies.

Dr Upadhyaya mentioned that Emergency Medical Teams (EMT) were previously known as Emergency Medical Deployment Team (EMDT) in Nepal. In recognition of the outstanding efforts demonstrated by health workers during the devastating 2015 earthquake with the assistance of Foreign Medical Teams (FMT) was brought to the forefront. Their tireless dedication and commitment to providing essential medical care in the midst of chaos and destruction highlighted their invaluable contributions. However, despite their exemplary work, it is crucial to acknowledge that there were still gaps and areas for improvement. Lessons can be learned from the challenges faced and the experiences gained during the aftermath of the earthquake.

In order to address these gaps and enhance future response efforts, a two-day workshop has been organized. He also mentioned that Nepal has always been proactive in preparing, building capacity and if required deploying the EMTs so this workshop has been organized to align the EMT approach with the country context. He also thanked WHO-Nepal for always supporting Nepal to strengthen the health system and also appreciated the experts Dr Flavio, Dr. Kai and Dr. John for coming to Nepal and sharing their experience and guiding Nepal to approach global accreditation of EMTs.

*“The fabulous effort demonstrated by health force in Nepal during 2015 Earthquake and 2020 COVID-19 pandemic has proven that Nepal is capable of developing well equipped EMTs which if required can support globally.”*

*.... Dr Madan Kumar Upadhyaya, Chief, QSRD, MoHP-Nepal*

Continuing the opening remarks, **Dr Rajesh Sambhajirao Pandav**, WHO Representative for



Country office Nepal, emphasized that the National emergency medical teams are the best option for providing immediate and appropriate surge response for emergencies directly affecting populations in each country, while international teams may help relieve overwhelmed health systems. Dr. Pandav emphasized the importance of having trained Emergency Medical Teams (EMTs) and clear Standard Operating Procedures (SOPs) in order to ensure the prompt delivery of life-saving interventions. He expressed his optimism that the upcoming two-day intensive workshop will

contribute significantly to the development of these SOPs for EMTs.

Dr Pandav also stressed on the fact that the EMT initiative was established in alignment with the International Health Regulations (IHR) 2005, which says that member state needs to develop minimum public health capacities to “detect, assess, notify and report events” and to “respond promptly and effectively to public health risks and public health emergencies of international concern”. He recalled that WHO-Nepal has been supporting Ministry of Health and Population (MoHP) since the beginning and will continue the support the initiative to strengthen the EMT in Nepal.

*“WHO reiterates its commitment to support Nepal, in building preparedness, readiness, and response capacities to any disaster and public health emergencies. This includes EMTs to provide life-saving interventions first within Nepal, and perhaps later to other countries in case of need in the future.”*

*.... Dr Rajesh Sambhajirao Pandav, WR WCO Nepal*

**Dr. Dipendra Raman Singh**, Director General, Department of Health Services, shed light on the



crucial roles played by healthcare workers during two major crises - the devastating earthquake (2015) and the ongoing COVID-19 pandemic. In his address, Dr. Singh emphasized the remarkable response and dedication demonstrated by these frontline heroes in Nepal. Dr. Singh expressed his admiration for their tireless efforts and acknowledged the silent yet significant roles they played during this difficult time.

In his address, Dr. Singh emphasized that the dedication and sacrifices made by healthcare workers often go unnoticed or unappreciated. He emphasized the importance of recognizing and praising their invaluable contributions. The silent roles played by these individuals in Nepal's healthcare system have been instrumental in saving countless lives and ensuring the well-being of the population.

Dr. Singh emphasized that Nepal, being a disaster-prone country, recognized the need for effective coordination and collaboration in order to respond to emergencies. As a result, the concept of Hub and Satellite was developed. This concept aims to establish a centralized hub that coordinates and collaborates with satellite hospitals in different regions of the country.

To further enhance the coordination and collaboration efforts, Health Emergency Operation Centers (HEOCs) were established in all seven provinces. These centers play a crucial role in coordinating and managing emergency response activities. The Ministry of Health and Population (MoHP) expresses its deep gratitude to the World Health Organization (WHO) Nepal for their continuous support in implementing these concepts into reality. The collaboration between MoHP and WHO Nepal has been instrumental in strengthening Nepal's emergency response capabilities.

*“Every hospital in the country must have a well-defined emergency preparedness plan in place. By forming a dedicated Emergency Medical Team (EMT) and ensuring they are adequately trained and equipped, hospitals can effectively respond to earthquakes and other emergencies, saving lives and minimizing the impact on the community.”*

*.... Dr Dipendra Raman Singh, DG, DoHS, MoHP- Nepal*



**Mr. Anil Pokhrel**, Director, National Disaster Risk Reduction and Management Authority



(NDDRRMA) has highlighted Nepal's vulnerability when it comes to disasters. Given its geographical location and topography, Nepal is highly susceptible to various natural calamities, including floods. To address this issue, a comprehensive Monsoon response and preparedness plan has been developed this year with support of MoHP and other stakeholders including WHO-Nepal.

In his statement, Mr. Pokhrel emphasized the crucial role of health preparedness in mitigating the impact of disasters. During disasters, the health sector faces numerous challenges, including the outbreak of waterborne diseases and the strain on healthcare facilities. Therefore, it is imperative to have robust preparedness measures in place to ensure the well-being of affected communities. Furthermore, Mr. Pokhrel stressed the significance of multisectoral collaboration for effective disaster preparedness and response.

*“The preparation of EMTs is such a crucial importance. Having a trained EMT will surely bolster strong cadre of medical responders that will not only support in Nepal but globally.”*

*.... Mr. Anil Pokhrel, Director, NDDRRMA*

The guardian of the workshop, **Hon. Health Minister Mr. Mohan Bahadur Basnet**, expressed



his gratitude towards the organizing team from the Ministry of Health and Population (MoHP) and the World Health Organization (WHO) - Nepal for successfully organizing a two-day workshop on Emergency Medical Teams (EMT). He acknowledged the importance of such workshops in enhancing preparedness against disasters and public health emergencies.

Mr. Basnet emphasized that this workshop would serve as a strong pillar in strengthening the country's preparedness efforts. He believed that the knowledge and skills gained during the workshop would contribute to efficient responses during times of crisis. By investing in preparedness activities, the nation would be better equipped to handle emergencies and safeguard public health.

The Health Minister's remarks demonstrated his optimism and confidence in the outcomes of the workshop. He recognized the significance of collaboration between MoHP, WHO-Nepal, and other stakeholders in ensuring effective preparedness and response mechanisms. The workshop would not only enhance the capacity of medical teams but also foster cooperation and coordination among various entities involved in emergency response.

Hon Minister agreed that Nepal, being a disaster-prone country, has experienced the devastating impact of both natural disasters and public health emergencies. However, despite these challenges, the country's focus on preparedness measures to mitigate the effects of disasters and public health emergencies remains relatively low.

In addition to the earthquake, the recent COVID-19 pandemic further highlighted the importance of disaster preparedness and response. While the pandemic posed unprecedented challenges for nations worldwide, Nepal's response garnered appreciation from the international community. The country's efforts in containing the spread of the virus, implementing public health measures, and providing healthcare services showcased resilience and determination.

The hon. minister stressed that he has played an active role in addressing various types of disasters and public health emergencies in Nepal. He has been actively engaged in response efforts, dedicating his time and efforts to contribute to the relief and recovery process. In his capacity as a responder, he has traveled to 60 districts across Nepal to provide support and assistance in dealing with the aftermath of disasters and public health emergencies.

*“Ministry of Health and Population has a vision to strengthen the country’s preparedness and response capacity to a global standard and will facilitate the establishment of “Emergency Fund” under MoHP to be utilized during disaster and public health emergencies”.*

**.... Hon. Health Minister, Mr. Mohan Bahadur Basnet**

Mr. Basnet acknowledged and appreciated the impactful activities that individuals or organizations, are undertaking to strengthen the health system of Nepal. The contributions have not gone unnoticed, and he believe it is essential to recognize and encourage the commendable work being done. Therefore, he requested all stakeholders to inform the Ministry of Health and Population about the impactful activities they are undertaking. This will allow MoHP to identify

and acknowledge the individuals and organizations that have made significant contributions towards strengthening the health system in Nepal.

The workshop's chairperson, **Dr Tanka Psd. Barakoti**, provided a comprehensive overview of



Nepal's preparations in terms of Emergency Medical Teams (EMT) over the past decade. Dr Barakoti highlighted the invaluable lessons learned from significant events such as the 2015 earthquake, the ongoing COVID-19 pandemic, and other ongoing disasters. These experiences have underscored the critical importance of having well-trained and equipped EMTs for swift and effective acute response within the country.

The lessons learned from these challenging situations have prompted Nepal to focus on building a robust EMT for national response. Thus, these two days of workshop will be valuable in drafting the framework for EMT and then exchanging knowledge from each other and learning from the national and international experts.

*“Ministry of Health and Population has conceptualized for having dedicate team in hub and satellite hospitals so that ministry can initiate acute surge response whenever required in form of National EMT”.*

*.... Additional Health Secretary, Dr. Tanka Psd. Barakoti*

With the opening session successfully setting the stage, the workshop was poised to embark on its agenda of insightful deliberations, interactive sessions, and fruitful collaborations. The next two days promised to be filled with enriching discussions, presentations, and networking opportunities, creating a valuable platform for the advancement of healthcare in Nepal. With this hope, chairperson of the workshop officially closed the opening session.

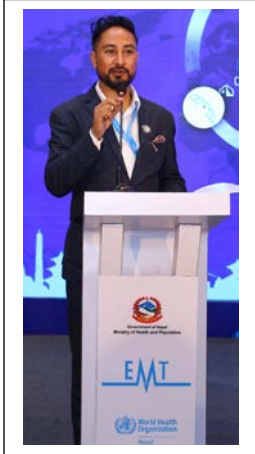


**Participants attending the National Workshop on EMTs along with Guests and Experts**

## Technical Session

June 23, 2023

Technical session was facilitated by **Dr Subash Neupane**, NPO (Project and Partnerships Management) WHO-Nepal.



The technical session started with brief reminder of WHO's code of conduct by **Dr. Amit Singh**, Health Emergency Officer from WHO-Nepal. He reminded the participants that this event is conducted in accordance with the principles outlined in the World Health Organization's Code of Conduct to prevent harassment, including sexual harassment, at WHO events. He emphasized that WHO is committed to maintaining an inclusive and respectful environment for all participants, regardless of their gender, race, ethnicity, religion, or any other characteristic.



Next Speaker, **Dr Flavio Salio**, the pioneer in the field of EMTs and current EMT Network Leader at WHO HQ in Geneva; highlighted on Emergency Medical Teams (EMT) Initiative. The session started with short video clip on earthquake and milestone of EMT initiative and objectives of developing EMT. He then expressed that he had an opportunity to work hand on hand with MoHP after mega earthquake 2015, and he congratulated for the progress Nepal has made in terms of disaster preparedness and response compared to past years.



He further added that new EMT strategy targets to focus strengthening national capacity as there are projections of 1.5 disasters per day by 2030 in this region. Emergency Medical Teams are needed to provide essential and life-saving care to crisis affected populations, the response and care must be timely, appropriate, safe for staffs as well as nation and coordinated to strengthen capacity of team. He further stressed that **National teams** remain the best placed to provide immediate and appropriate assistance when any disaster or emergency strikes. The EMT initiative works to Improve the quality and timeliness of health

services provided by EMTs in response to a health emergency and to Strengthen national systems and capacities for rapid mobilization, interoperable surge deployment and effective coordination.

Dr Flavio, latter mentioned the three major elements of EMT Initiative and how the Quality Management Framework works.

## Elements of EMT Initiative



**Capacity Building**



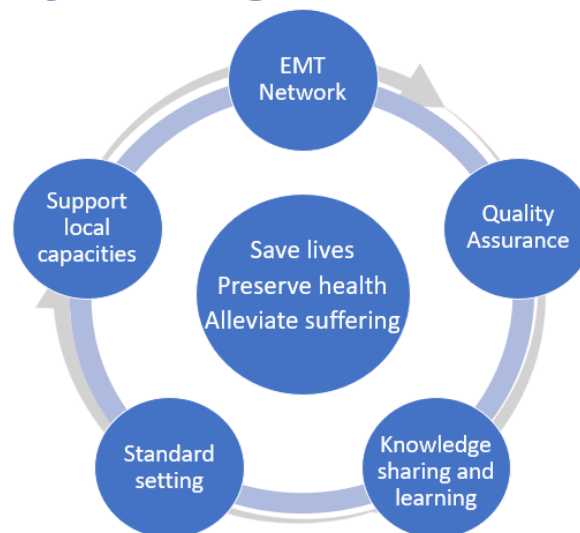
**Standard Setting and  
Quality Assurance**



**Emergency Response**

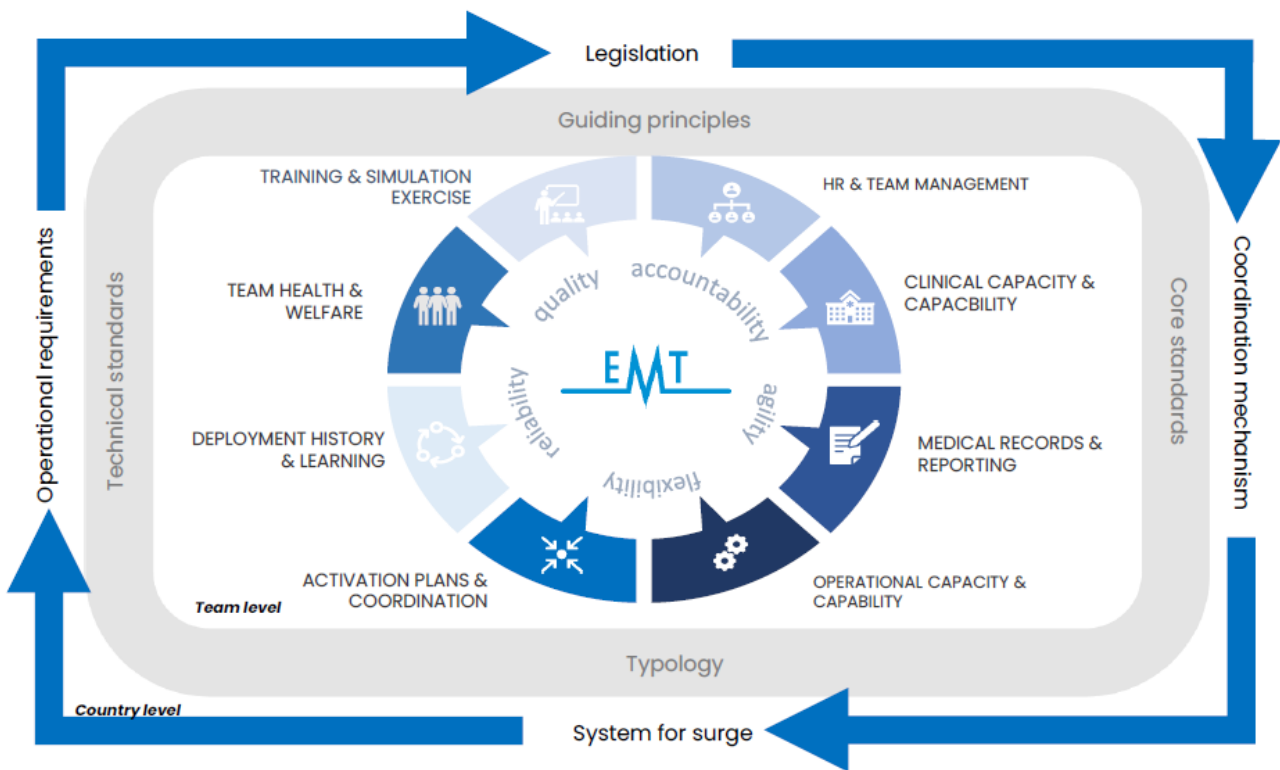
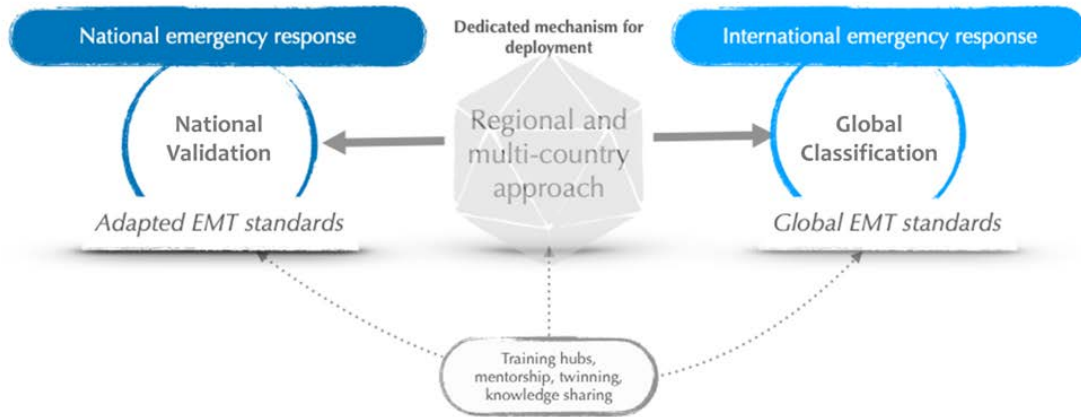
EMT Initiative

## Quality Management Framework



Dr Flavio further added that the EMT Capacities and Systems depends on whether the EMT is for National emergency response or international emergency response or both. First step is to adapt EMT standards at National level to validate as National EMT and then with various trainings, mentorship, twinning, and knowledge sharing go for Global EMT Standards to join as Global Classification. He expressed immense happiness in seeing Nepal progressing with an authority towards the National Validation of EMTs. He assured that WHO HQ and CO team will always be happy to support Nepal for National EMT Capacities and Systems.

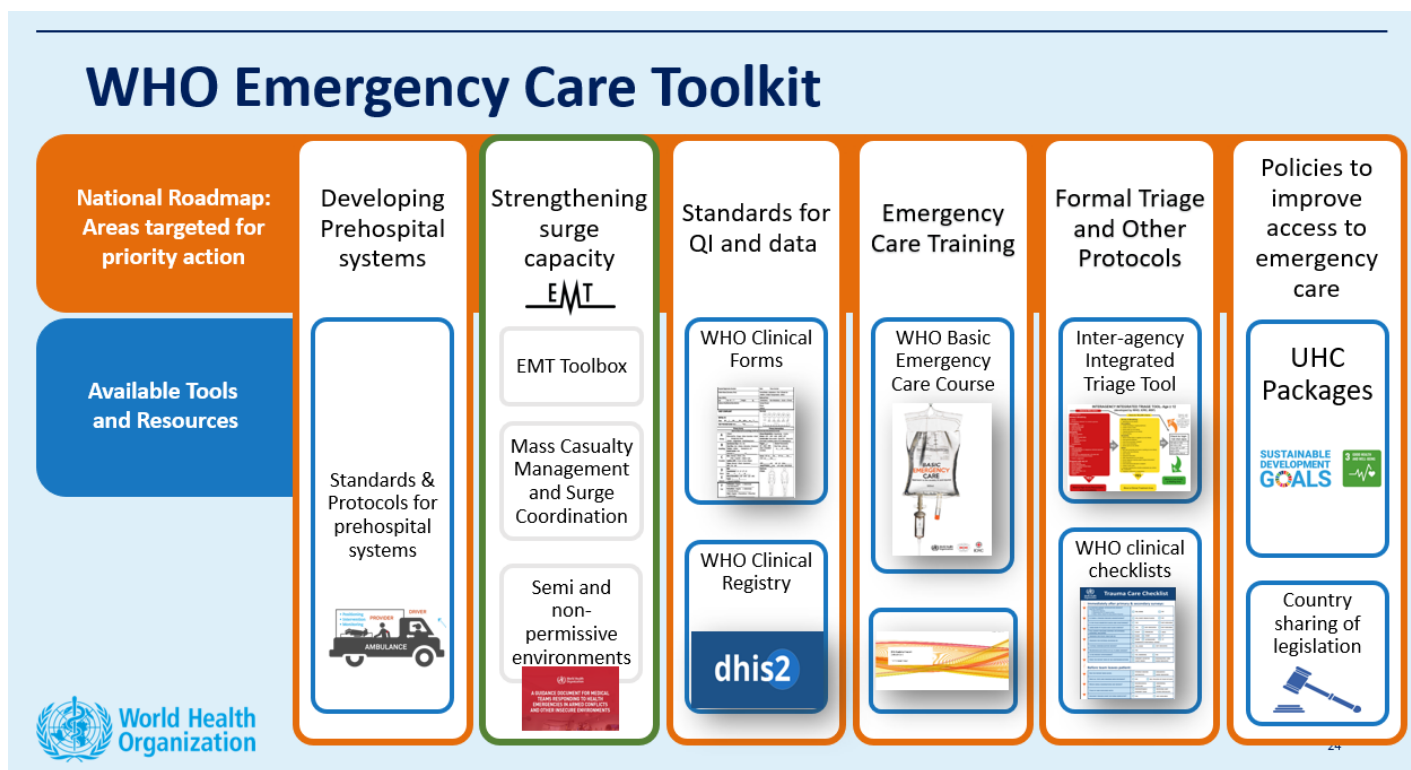
# National EMT Capacities and Systems



Dr Flavio mentioned that the strengthened routine care systems facilitate country to improve surge preparedness and response. Similarly, the routine care systems are also strengthened by surge preparedness such as Workforce training, systems, etc. The building blocks for health system preparedness, response and resilience for health emergencies lies its foundation on the routine care system and then slowly specialized care teams can be made. He also explained that coordinated

and interoperable Health Emergency Response is possible with proper coordination within EMTs and Rapid Response Teams (RRTs).

At the end, he shared the National Roadmap plan as per WHO Emergency Care Toolkit and suggested to identify the areas targeted for priority actions.



The workshop was further carried by **Dr Samir Kumar Adhikari** (Chief, HEOC, MoHP-Nepal). He

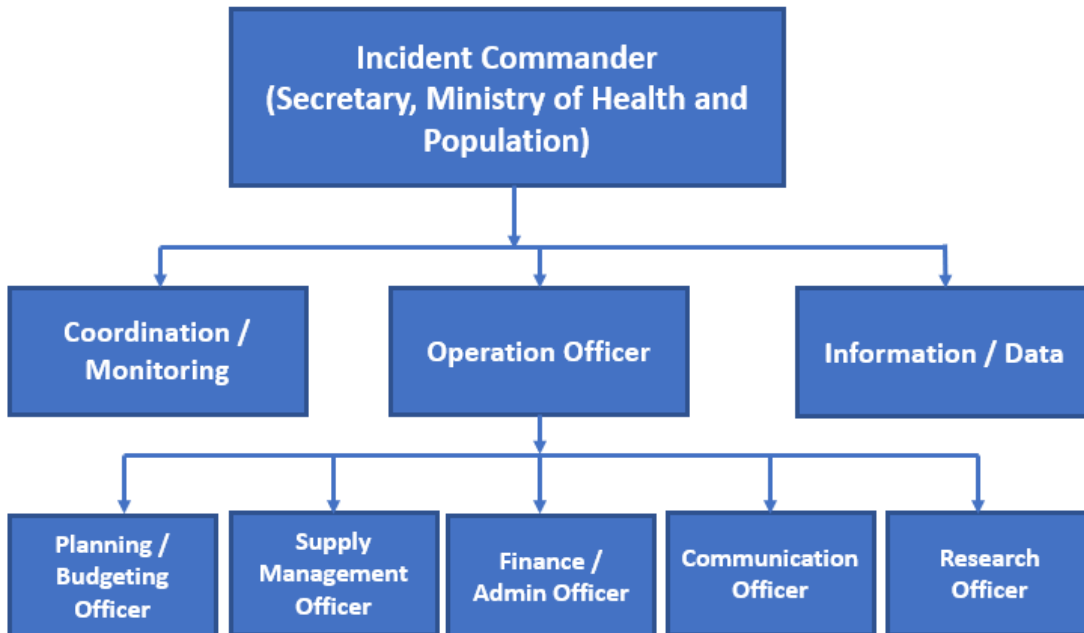


started his presentation with the milestones country has achieved in terms of policies, national guiding documents, and efforts made in the field of EMTs during various disaster and public health emergencies. Nepal being a disaster-prone country, Dr Adhikari added that Ministry of Health and Population has a dedicated unit; Health Emergency and Disaster Management Unit (HEDMU) which functions through Health Emergency Operation Center (HEOC) in center and in all 7 provinces to coordinate with health and non-health stakeholders during any response to disaster.

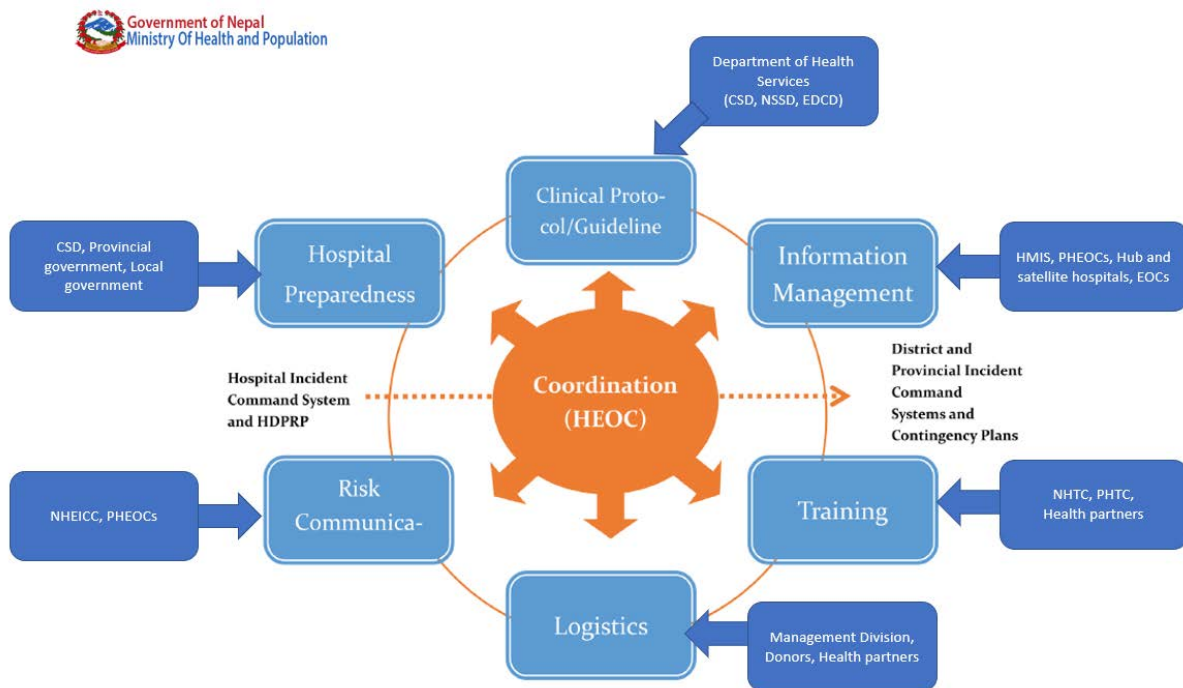
He then also added that MoHP has organizational structure for command and response through “Incident Commander” which is activated in case of any disaster and public health emergencies. He mentioned that this “Incident Command System (ICS)” was activated during COVID-19 pandemic and the system has been tested during various drills and simulations.



# Organizational Structure for Command and Response



He then mentioned that HEOCs are actively coordinating at all levels of government to support preparedness and response to disaster and public health emergencies.



## Group discussion on Chapter 1

The group discussion was initiated by **Mr. Subash Thapaliya and Dr Setu Verma**, who took the lead in introducing the topic of the day. By providing each member with the opportunity to introduce themselves, a warm and inclusive atmosphere was created. This inclusive approach set the stage for effective collaboration and ensured that all perspectives were considered throughout the discussion.

The group were assigned to review the Standard Operating Procedure (SOP) on EMTs with special Interest in Chapter 1 (Introduction).

### Recommendations:

- Rephrasing and grammatical correction.
- Incorporating the organogram of the decision-making committees involved in the draft SOP.
- Considering the inclusion of a Health Emergency Operation Center (HEOC) at the local level.
- Organizing the historical information in a linear fashion in a form of timeline.

The group discussion was initiated by Mr. Subash Thapaliya and Dr Setu Verma, who took the lead in introducing the topic of the day. By providing each member with the opportunity to introduce themselves, a warm and inclusive atmosphere was created. This inclusive approach set the stage for effective collaboration and ensured that all perspectives were considered throughout the discussion.

After the introductions, Mr. Subash Thapaliya initiated the discussion by presenting a comprehensive overview of the Draft of Standard Operating Procedure (SOP) for Emergency Medical Teams (EMTs). The purpose of this brief was to highlight the significance of the SOP as a guiding document that ensures the efficient and effective operation of EMTs during emergency situations.

Further, the group was introduced to the SOP to initiate the discussions to find out the gaps and the recommendations. Chapter 1 of the SOP delves into the background of EMT, providing insights into its origins and evolution. It also offers a detailed definition of EMT, ensuring a shared understanding among all participants. Additionally, it highlights the specific context of EMT in

Nepal, considering the country's unique needs and challenges. Furthermore, the chapter covers an introduction to EMT, giving an overview of its key components and functions. Lastly, it sheds light on the historical development of EMT, offering valuable insights into its growth and impact.

After reviewing the Standard Operating Procedure (SOP), all group members were actively engaged in a discussion. The group was tasked with preparing a presentation on Chapter 1, which included a summary, identified gaps, and recommendations.

### **Identified Gaps:**

- Grammatical errors and re-phrasing required.
- Proper organogram of various operational organizations like HEDMU, HEOC, NEOC, EMTOC, EMT etc., lacks in the current version of draft SOP.
- The history and events in relation to EMT not included in comprehensive way.

### **Recommendations:**

- The group has reviewed the hard copy of the SOP and identified several grammatical errors that require correction. Additionally, they have proposed re-phrasing certain sections to improve clarity and coherence. It is important to note that the group acknowledged chapter 1 to be predominantly focused on presenting facts and definitions, which resulted in a limited number of recommendations.
- Standard Operating Procedures (SOPs) play a crucial role in ensuring clarity and consistency in the decision-making process. To enhance the understanding of the SOP, it is recommended to include the organogram of the decision-making committees involved in the draft SOP. This will provide a visual representation of the hierarchy and relationships within these committees, making it easier for stakeholders to comprehend their roles and responsibilities.
- Additionally, the group has recommended considering the inclusion of a Health Emergency Operation Center (HEOC) at the local level, rather than limiting it only to the national and provincial levels. This suggestion aims to strengthen the preparedness and response capabilities at the grassroots level, ensuring a more efficient and coordinated approach in managing health emergencies.
- The history and events of a particular sections like “History of EMTs” can be effectively presented in the form of a timeline. This chronological representation enhances clarity and

allows for a better understanding of the sequence of events. By organizing information in a linear fashion, a timeline provides a clear overview of the subject's historical development.



**Group A:** Team Members: Dr Rabin Khadka, Dr Sujan Kafle, Shanti Limbu, Dr Ankur Poudel, Dr Sabin Thapaliya, Dr Amit Dhungana, Ms. Sangita Acharya, Dr. Sonai Giri, Dr. Prabin Nepal, Mr. Subash Thapaliya and Dr Setu Verma.

## Group discussion on Chapter 2

The group discussion, led by Dr Anant Nepal, and supported by Dr Sujan Adhikari; commenced with introductions of group members followed by a thorough briefing on the Draft of Standard Operating Procedure of EMT. The group members were encouraged to pay particular attention to chapters 1 and 2, which cover essential aspects such as the background, definition, history, and rationale of EMT. This comprehensive understanding will undoubtedly contribute to a fruitful and insightful discussion.

### Recommendations:

- Inclusion of a sub section on the difference between Rapid Response Team (RRT) and EMT in the SOP
- Incorporating the global and regional scenario within the Standard Operating Procedures (SOP)
- Addition of MD-GP in Infectious Disease Management (IDM) – EMT
- Increasing the number of medical doctors (MBBS) and including Lap personnel and Pharmacist in the EMT
- Prioritize the motivation and encouragement of Emergency Medical Teams (EMTs) members.

The group discussion was initiated by Dr Anant Nepal, HEO WCO, who took charge of introducing the topic of the day. Following his lead, the other group members were given the opportunity to introduce themselves, creating a warm and inclusive atmosphere.

After the introductions, Dr Anant began the discussion by providing a comprehensive brief on the Draft of Standard Operating Procedure (SOP) of Emergency Medical Team (EMT). He emphasized the importance of the SOP as a guiding document that ensures the smooth functioning of EMTs in emergency situations.

To ensure a productive discussion, Dr Anant requested all the group members to thoroughly review the SOP, with a particular focus on chapters 1 and 2. These chapters lay the foundation for understanding the background, definition, and history of EMT, as well as its relevance in the context of Nepal.

Chapter 1 of the SOP delves into the background of EMT, providing insights into its origins and evolution. It also offers a detailed definition of EMT, ensuring a shared understanding among all participants. Additionally, it highlights the specific context of EMT in Nepal, considering the

country's unique needs and challenges. Furthermore, the chapter covers an introduction to EMT, giving an overview of its key components and functions. Lastly, it sheds light on the historical development of EMT, offering valuable insights into its growth and impact.

Moving on to chapter 2, the focus shifts towards the rationale behind the development of the SOP of EMT. This section aims to explain the underlying reasons and justifications for establishing a standardized approach to emergency medical team operations. By understanding the rationale, the group members can gain a deeper appreciation for the importance of adhering to the SOP and its potential impact on saving lives and minimizing the impact of emergencies.

After reviewing the Standard Operating Procedure (SOP), all group members were actively engaged in a discussion. The group was tasked with preparing a presentation on Chapter 2, which included a summary, identified gaps, and recommendations.

### **Identified Gaps:**

- The group pointed out that the difference between Rapid Response Team (RRT) and Emergency Medical Teams (EMT) was not included in the document.
- The current version lacks the essential components of the global and regional scenario.
- The current versions lack inclusion of MD-GP in the Infectious Disease Management (IDM) – EMT.
- The number of medical officers, nurses, and paramedics in a team composition mentioned in the Standard Operating Procedure (SOP) is insufficient. There is no inclusion of lab personnel and pharmacist in the team.
- Prioritization on motivation and encouragement of EMTs is lacking in this current version of SOP.

## **Recommendations:**

- Inclusion of a sub section on the difference between Rapid Response Team (RRT) and EMT in the SOP will provide clarity, enhance efficiency, foster collaboration, and promote standardization within the hospital's emergency response protocol. By clearly defining the roles and responsibilities of RRT and EMT, medical staff will be able to respond to emergencies more efficiently and effectively. This clarity will prevent any confusion or overlap in duties, ensuring a seamless response to critical situations
- Group strongly recommends incorporating the global and regional scenario within the Standard Operating Procedures (SOP). Including the global and regional scenario in the SOP is vital for ensuring a comprehensive framework and thus the SOP will be better equipped to address potential challenges and align its strategies with the larger landscape.
- The team members have unanimously recommended the addition of MD-GP in Infectious Disease Management (IDM) - EMT. Their extensive training and expertise in the management of infectious diseases make them well-suited to integrate MDGP into the system. This integration will enhance the efficiency and effectiveness of infectious disease management, ultimately leading to improved patient outcomes and a safer community.
- By increasing the number of medical staffs and including Lap personnel and Pharmacist, the EMT will be strengthened and better equipped to handle outbreaks and provide effective healthcare services. The addition of lab personnel for sample collection and cold chain maintenance, as well as a pharmacist for medicine logistics, dispatch, and cold chain management, will address the current staffing gaps and improve the overall efficiency of the IDM team.
- To foster a positive work environment and enhance the efficiency and effectiveness of emergency medical services, it is crucial to prioritize the motivation and encouragement of Emergency Medical Teams (EMTs).



**Group C:** Team Members: Dr Sonu Bhattarai, Dr Rakesh Tiwari, Dr Kathit Raj Ghimire, Dr Krishna Acharya, Dr Suman Thapa, Dr Buddhi Thapa, Mr. Buddhi Sagar Adhikari, Dr Ajaya Kumar Yadav, Dr Pradeep Shrestha, Ms Arya Regmi, Ms. Rekha Bhatta, Dr Anant Nepal and Dr Sujan Adhikari



## Group discussion on Chapter 3

The group discussion led by Dr. Amit Singh and supported by Dr. Aaditya Singh was characterized by a warm and inclusive atmosphere. Through the introduction of each member and the consideration of all perspectives, effective collaboration was facilitated, resulting in a productive and engaging exchange of ideas.

The group were assigned to review the Standard Operating Procedure (SOP) on EMTs with special Interest in Chapter 3 (EMT Roster).

### Recommendations:

- The team formulation should be closely coordinated with HEOCs.
- Policies should be established to support the authority of hub hospitals in mobilizing human resources and other required resources from satellite hospitals
- In the absence of a team lead, the EMT focal point can appoint an alternative team lead should be mentioned in the SOP.
- HEOC should maintain a roster of trained EMT members, and if an EMT member is transferred to another institution, the EMT or the hospital focal point should inform HEOC promptly.
- It may not be practical to add teams based on bed capacity as an additional EMTs. There are very few hospitals who could have an additional EMTs, thus the section can be removed from the SOP.
- Difference between RRT and EMT should be included in the SOP for better understanding and clarity.
- Prioritize the motivation and encouragement of Emergency Medical Teams (EMTs) members.

The Group discussion was initiated by Dr. Amit Singh, Health Emergency Officer, and supported by Dr. Aaditya Singh who took the lead in introducing the topic of the day. Dr. Amit Singh began the discussion by outlining the objectives and importance of the topic, setting the context for the conversation.

Following this, Dr. Amit Singh introduced the topic in greater detail. With a clear and concise presentation, he provided the necessary background information and highlighted key points for consideration. His leadership in this regard ensured that everyone had a common understanding of the topic and its relevance to the group.

To foster a sense of inclusivity and collaboration, each member was given an opportunity to introduce themselves. This exercise not only allowed individuals to share their names and roles

but also provided a platform for them to briefly express their interest in the topic or any relevant expertise they possessed. This approach created a warm and welcoming atmosphere, making everyone feel valued and included.

By ensuring that all perspectives were considered, the group was able to benefit from the diverse range of experiences and expertise present.

Dr. Amit further emphasized that the SOP is not a static document but rather a dynamic one that evolves based on the lessons learned from each emergency response. The SOP for EMTs is a crucial document that provides a standardized and systematic approach to emergency medical response, ensuring that EMTs can effectively and efficiently provide life-saving care in the most challenging situations. By following the SOP, EMTs can navigate through the chaos and uncertainty of emergencies, ultimately saving lives and minimizing the impact of disasters.

International Experts Dr Flavio Salio, Dr John Prawira and Dr Kai Hsiao were actively involved during group discussions as the team were stuck in with confusion of EMT Vs RRT.

After reviewing the Standard Operating Procedure (SOP), all group members were actively engaged in a discussion. The group was tasked with preparing a presentation on Chapter 3, which included a summary, identified gaps, and recommendations.

### **Identified Gaps:**

- The SOP doesn't mention any policy on which the Hub Hospitals can form a team with the human resource from Satellite hospitals. Can Hub Hospital ask the EMT member from the satellite hospital to be deployed during activation of EMT deployment?
- SOP lacks provision of appointing the alternative EMT Team Lead in case of his/her absence.
- The SOP mentions about the roster, but there is no clear concept on who will maintain the roster, how will it be updated in case of rapid transfer of health care workers.
- The SOP lacks motivation and encouragement for voluntary participation as an EMT, as this version of document doesn't speak about insurance, allowances, and other securities.

## Recommendations:

- The group had intensive discussion on whether Hub Hospitals have the authority to request EMT members from the satellite hospital to be deployed during the activation of EMT deployment and thus the group recommends that it is crucial to have a clear policy in place to ensure effective coordination and utilization of available resources during emergency situations.
- This policy should outline the process for requesting and deploying EMT members from Satellite hospitals, including any necessary approvals, communication channels, and coordination mechanisms. The hub hospital should be capacitated with powerful law to engage the satellite hospitals.
- Having a designated alternative EMT Team Lead is crucial for maintaining a smooth workflow and ensuring the provision of effective emergency medical services. In situations where the primary EMT Team Lead is unavailable due to illness, vacation, or any other reason, the presence of an appointed alternative ensures that there is no disruption in the team's operations.
- The alternative EMT Team Lead should be selected based on their qualifications, experience, and ability to fulfill the responsibilities of the role. It is essential that this individual possesses the necessary skills and knowledge to lead the team effectively in emergency situations. The EMT Focal Point of the Hub Hospital should be given authority to do this in the SOP.
- Maintaining an up-to-date roster is crucial for the smooth functioning of EMTs. It enables effective resource allocation, ensures adequate staffing levels, and facilitates efficient communication among team members. To address the issue of roster maintenance and updates during rapid transfers of healthcare workers, the following measures are recommended:
  - **Designate a Roster Management Team:** It is essential to establish a dedicated team responsible for managing the roster. The team should be equipped with the necessary tools and resources to maintain an accurate and up-to-date roster. The designated team should be stationed at HEOC and function under HEOC.
  - **Clearly Define Roles and Responsibilities:** The SOP should clearly outline the roles and responsibilities of the Roster Management Team. This includes specifying who will be responsible for adding new healthcare workers, removing

those who are transferred, and updating any changes promptly. By clearly defining these responsibilities, it will ensure accountability and streamline the roster management process.

- **Implement a Centralized Roster Management System:** Utilizing a centralized roster management system can significantly enhance the efficiency of maintaining and updating the roster. This system should be accessible to authorized personnel (all EMT Focal Persons) and provide real-time updates.
- **Establish Rapid Transfer Protocols:** In the event of a rapid transfer of healthcare workers, a well-defined protocol should be in place to ensure the roster is promptly updated. This protocol should clearly outline the steps to be followed, including the communication channels and timelines for updating the roster. By having a streamlined process, the roster can be effectively managed even during times of rapid staff movement.
- **Regular Audits and Quality Checks:** Conducting regular audits and quality checks of the roster is essential to identify any discrepancies or inconsistencies. This will help ensure that the roster is accurate and up to date. The Roster Management Team should periodically review the roster for any errors or outdated information and take necessary corrective actions.
- EMTs, as essential healthcare providers, play a crucial role in the well-being of individuals in emergency situations. In recognition of their valuable contributions, it is imperative that EMTs are provided with adequate benefits and securities to ensure efficient collaboration and enhance their overall job satisfaction. In addition to health insurance, EMTs should also be given allowances to support their daily expenses. These allowances could include meal allowances, transportation allowances, and uniform allowances. Providing these allowances will not only address the financial needs of EMTs but also ensure that they can focus solely on their duties without worrying about personal expenses.
- Furthermore, EMTs should be provided with a safe and supportive work environment. This includes ensuring proper safety equipment, such as gloves, masks, and protective clothing, to protect them from exposure to infectious diseases and hazardous materials. Additionally, establishing a supportive work culture that encourages teamwork, open communication, and mutual respect will foster efficient collaboration among EMTs, ultimately benefiting the patients in emergencies.



**Group B:** Team Members: Dr Ashna Parajuli, Ms. Prakriti Acharya, Mr. Shyam Lal Acharya, Dr Yogesh Bhatta, Dr. Bigyan Poudel, Mr. Dhan Bahadur K.C, Dr Abhinash Dhoj Joshi, Dr. Rajiv Shah, Dr. Indra K Limbu, Dr. Suresh Nepal, Dr. Amit Singh, and, Dr Aaditya Singh

## Group discussion on Chapter 4

Through active listening and respectful engagement, the participants actively contributed to the conversation. Dr. Prajapati and Dr. Jha skillfully facilitated the exchange of ideas, ensuring that all viewpoints were considered and given equal weight. This approach promoted a sense of equity and fairness within the group.

The group were assigned to review the Standard Operating Procedure (SOP) on EMTs with special Interest in Chapter 4 (EMT Deployment).

### Recommendations:

- The provincial structure like Provincial Emergency Medical Team Operational Committee (PEMTOC) should be formed for provincial governance.
- Provision of budget allocation should be made in the SOP.
- MCM and IDM bag pack should be designed and provided for readiness of EMT deployment.
- There should be clear guidelines on activation of EMT, duration of work of each EMT team and time of recovery from the site.
- Guideline for provision of insurance (life and health) and incentive for EMT team should be formed.
- Criteria for the call of further help by EMT team should also be mentioned via certain assessment tool.

Dr. Bigyan began the discussion by outlining the objectives and importance of the topic, setting the context for the conversation. The discussion further moved with the short introduction of the group members.

Following this, Dr. Bigyan introduced the topic in greater detail. He provided the necessary background information and highlighted key points for consideration.

After reviewing the Standard Operating Procedure (SOP), all group members were actively engaged in a discussion. The group was tasked with preparing a presentation on Chapter 4, which included the important section i.e., EMT Deployment.

### **Identified Gaps:**

- Missing provincial structure for EMT deployment and coordination, where he discussed about inception of PEMTOC or similar committee as a province governance owning responsibility towards the EMT.
- Tool for incident verification, rapid analysis, and measure of number of EMT team to be sent should be formed for effective deployment of the EMT team.
- Finance involved to operate EMDT like; logistic, human resource, travel, incentives, and Daily allowance should clearly be mentioned in the SOP and responsible authorities should be mentioned.
- Duration of one EMT team operation time and post deployment/ recovery process should be clearly outlined.
- Health security for the deployed team should also be incorporated.
- Annex should be developed for MCM and IDM stock piling and instruments.
- Training and capacity building for EMT should be done periodically.

### **Recommendations:**

- The group had intensive discussion on whether the province should have the governing authority. The group anonymously decided that provincial and federal coordination mechanism should be developed for EMT deployment as well. The provincial structure like Provincial Emergency Medical Team Operational Committee (PEMTOC) should be formed so that province owns the responsibility.
- In order to ensure adequate funding for EMTs, it is crucial to include budget allocation provisions in the Standard Operating Procedure (SOP). This will help in maintaining financial stability and sustainability for the EMTs, allowing them to effectively respond to emergencies.
- In order to ensure the readiness of Emergency Medical Teams (EMTs) for mass casualty management and infectious disease management, it is crucial to design and provide them

with a properly equipped bag pack. This bag pack should contain all the necessary equipment to effectively respond to such situations.

To begin with, the bag pack should include personal protective equipment (PPE) to safeguard the EMTs from potential infectious diseases. This includes items such as disposable gloves, masks, goggles, and gowns. These protective measures are essential to minimize the risk of transmission and ensure the safety of the EMTs while providing care to patients.

Additionally, the bag pack should be equipped with medical supplies and instruments that are specifically tailored for mass casualty situations. This may include items such as trauma kits, wound dressings, bandages, splints, tourniquets, and medical tapes. These supplies are vital for providing immediate medical attention to multiple patients simultaneously.

Furthermore, it is important to include diagnostic tools in the bag pack to aid in the identification and assessment of infectious diseases. This may consist of thermometers, pulse oximeters, and stethoscopes to monitor vital signs and detect any abnormalities. Timely and accurate diagnosis is crucial for effective disease management and containment.

Moreover, the bag pack should also contain medications and medical disposables that are essential for managing both mass casualty incidents and infectious diseases. This may include antibiotics, antiviral drugs, analgesics, and intravenous fluids. Having these medications readily available can help alleviate pain, control infections, and stabilize patients' conditions until they can be transported to a medical facility.

Lastly, it is recommended to include communication devices, such as portable radios or cell phones, in the bag pack. Effective communication among EMTs and with other emergency response personnel is essential for coordinated efforts and efficient management of mass casualty incidents and infectious disease outbreaks.

- To ensure effective emergency medical response, it is crucial to establish clear guidelines regarding the activation of Emergency Medical Teams (EMT) teams, the duration of their work, and the time required for recovery from the site. These guidelines will not only streamline operations but also enhance the overall efficiency of emergency medical services.



**Activation of EMT Teams:**

- Clear protocols should be put in place to determine the circumstances under which EMT teams are activated. Factors such as the severity of the emergency, the number of casualties, and the availability of resources should be considered when making this decision. By having well-defined activation guidelines, emergency response coordinators can ensure that EMT teams are dispatched promptly and efficiently.

**Duration of Work of EMT Teams:**

- It is important to establish maximum work durations for EMT teams in order to prevent fatigue and maintain their effectiveness. Long working hours can negatively impact the performance of EMTs, leading to potential errors and decreased quality of care. By setting appropriate limits on the duration of work, such as implementing shifts or rotations, EMT teams can maintain their focus and deliver the best possible care to patients.

**Time of Recovery from the Site:**

- Recovery time refers to the period required for EMT teams to rest, recuperate, and replenish their resources after responding to an emergency. This downtime is essential for the physical and mental well-being of the EMTs, allowing them to recharge and be prepared for future emergencies. Guidelines should be established to ensure that adequate recovery time is allocated to EMT teams, taking into account the intensity and duration of their previous work.
- Please note that the specific details of these guidelines may vary depending on local regulations, resources, and the nature of emergencies. It is recommended to consult with relevant stakeholders, including emergency services personnel, medical professionals, and regulatory bodies, to develop comprehensive and tailored guidelines on EMT.
- Establishing a robust guideline for the provision of insurance (life and health) and incentivizing EMT teams is crucial for the well-being of these dedicated professionals and the individuals they serve. These recommendations should be outlined in this document, which will ensure that EMT professionals will receive the necessary support and recognition they deserve while providing quality care to those in need.
- In emergency medical situations, the prompt and accurate assessment of the condition is crucial for determining the appropriate level of care required. To ensure consistency and reliability in the decision-making process, it is recommended that emergency medical

Tems (EMT) teams incorporate the use of assessment tools. These tools will serve as objective criteria to determine when further help should be called either for next EMT or addition of members to the current EMT.



**Group D:** Team Members: Mr. Shrvan Kumar Nayak, Prakriti Pant, Dr. Ramesh Pant, Dr. Uday N. Singh, Dr. Laxman Sigdel, Dr. Sunil Sunar, Dr. Sanjeev Gautam, Dr. Sanjeev Adhikari, Dr. Bigyan Prajapati, and, Dr Bishal Jha

## Group discussion on all chapters

The group discussion on the Standard Operating Procedure (SOP) on Emergency Medical Teams (EMT) was facilitated by Dr Gaurav Devkota and Dr Bhoj Raj Bam. The discussion commenced with a comprehensive introduction, allowing participants to familiarize themselves with the key objectives of the SOP on EMT. As the discussion progressed, the team delved into a thorough examination of each chapter within the draft version of SOP on EMT.

The group was assigned to find out the additional gaps and recommendations from all the chapters of the draft version of SOP.

### Recommendations:

- **Chapter 1**
  - Include information on other disasters and mass casualty events
  - Include legal provision, international and national guidelines
  - List of hub hospitals and their satellite should be in the SOP for better understanding
- **Chapter 2**
  - Detailed clarity on trainings to EMT should be mentioned.
  - Explanation on Rescuer's definition
  - Provision of EMT focal person and its criteria should be mentioned.
  - Rapid Assessment tool and Evaluation form should be added in the Annex.
- **Chapter 3**
  - Rapid transfer of the EMT and updates of the EMT should be available on the website. The EMT list should be updated frequently.
- **Chapter 4**
  - Detail clarity on responsible ministry/departments and level of government should be mentioned regarding orientation, trainings, and simulation exercises.

The purpose of the discussion was to ensure a comprehensive understanding of the guidelines outlined in the SOP. Each chapter was meticulously reviewed, providing an opportunity for participants to ask questions, seek clarifications, and share their insights within the groups. The

international and national experts were on boarded on various occasions to clarify any confusions and seek ideas on international practices.

Throughout the discussion, International Experts; Dr Flavio, Dr Kai along with them Dr Gaurav Devkota and Dr Bhoj Raj Bam provided valuable expertise and guidance, drawing upon their extensive experience in the field of emergency medical response. Their facilitation skills ensured that each participant had the opportunity to contribute and engage in meaningful dialogue.

After reviewing the Standard Operating Procedure (SOP), all group members were actively engaged in a discussion. The group was tasked with preparing a presentation on all chapters, which included the Introduction, Emergency Medical Teams, EMT Roster, and EMT Deployment.

### **Identified Gaps:**

- Missing local and provincial structure for EMT deployment and coordination
- Missing policies authorizing the hub hospitals to engage the satellite hospitals and mobilize their resources in emergencies.
- Health securities, insurance and incentives are not discussed in the SOPs.
- The use of communication modality during the disaster and public health emergencies by the EMTs are not explained in the SOP.
- Duration of one EMT team operation time is missing in the current version of the draft.

### **Recommendations:**

- The group had intensive discussion on where the governing authority of the EMTs should lie. The team decided to recommend that the roles of local, district and provincial level needs to be identified and their involvement should be incorporated in the SOP.
- Tailored information on the disaster and public health emergencies that a country is prone to and short history of what country had faced can be included in chapter 1 to make understand the importance of this document.
- To support the strength of the documents, it is recommended that SOP includes the national and international existing policies and guidelines on EMT.
- Approved Hub and its Satellite hospitals from MoHP should be made public and also added in the SOP so that the hospitals are clear regarding the network and its functions.

- To ensure effective emergency medical response, it is crucial to frequently train and retrain the EMT members. The SOP should also include the details of the trainings that are required, their certifications and the global trainings that an EMT should attain to get international accreditation in future.
- To avoid confusion and to add clarity on roles and responsibility, the SOP needs to clearly mention who is responsible for trainings, orientation, simulation exercises and other required for capacity development.



**Group D:** Team Members: Mr. Kameshwar Parihast, Mr. Jhankaar Lamichhane, Dr. Dinesh Sharma, Ms. Laxmi Upadhaya, Dr. Rajesh Pratap Shah, Mr. Min Bahadur Bohara, Dr. Prabhat Singh Rajput, Dr Bikash K.C, Mr. Satish Bista, Dr Gaurav Devkota, and Dr Boj Raj Bam.

## Summarizing the Day 1 of the Workshop

**Dr. Allison Gocotano**, Team Lead of the World Health Organization (WHO) Health Emergencies



Programme- Nepal, provided a comprehensive summary of the first day of the workshop. Dr. Gocotano highlighted the importance of the humanitarian imperative and human nature, which is the inherent willingness and desire to help one another, particularly in times of crisis.

Drawing a parallel to this nature, Dr. Gocotano compared the concept of the Emergency Medical Team (EMT) initiative. The EMT initiative, established by WHO, aims to enhance the capacity of countries to respond effectively to disasters and public health emergencies. This initiative emphasizes the crucial role of collaboration and support amongst individuals and organizations when faced with challenging situations.

He reminded the participants that this is not new to Nepal. Public Health Service Act 2075 mentions that in case of emergencies, an EMT should be there to render life-saving health services. The Act serves as a reminder that Nepal has long since recognized the importance of having trained professionals in emergency healthcare. He added that the participation of the Minister in the opening ceremony is a testament to the high-level commitment of the government towards the development and implementation of an effective EMT initiative in Nepal. This level of support from the government is crucial in ensuring the success and sustainability of the EMT program.

This workshop held in Nepal was mentioned as the first of its kind in the country. The first day of the workshop was intense, and it was facilitated very well by the experts. The attendees appreciated Dr. Samir's contribution in reviewing the disaster preparedness of the country, and Dr. Flavio's presentation on the global scenario of disaster preparedness. Dr. Gocotano commended the active and intensive group discussions that took place during the workshop, which is a telltale sign of success of the event.

Dr. Gocotano concluded the day's session with high hopes of receiving valuable and practical suggestions from the participants. These suggestions are crucial in order to finalize the standard operating procedures (SOP) for the EMT initiative in Nepal.

**Q&A Session following Group Discussion and Presentations:**

**Ms. Rekha Bhatta, a representative from NRCS:**

“Nepal Red Cross Society (NRCS) has been actively working with the concept of Emergency Medical Teams (EMTs) Type 1 as **Red cross Emergency Clinic** since 2019. However, during this time, several gaps and challenges have been identified.” In light of these observations, Ms. Rekha Bhatta, a representative from NRCS, has proposed some recommendations to address these issues.

She reminded HEOC that “Red cross Emergency Clinic” is running in collaboration with government thus government needs to be aware to avoid duplication by incorporating our initiatives in this EMT initiatives. One of the key suggestions made by Ms. Bhatta is to establish a time limit for the deployment of EMTs in the field. This time limit would ensure that the team is promptly present at the site of an emergency, minimizing response time and maximizing the effectiveness of their efforts.

Furthermore, Ms. Bhatta emphasized the importance of maintaining a logbook to keep a comprehensive record of EMT activities. This logbook would serve as a vital source of information, documenting the team's actions, observations, and outcomes during their deployments. She further added that with her experience, EMT backpack needs to be very handy with separate compartment for drugs, equipment etc. She also added that finance related issues play a major role during deployment, thus clear agenda on this needs to be mentioned in SOP.

**Mr. Buddhi Sagar Adhikari, Gandaki Province:**

Mr Budhi Sagar Adhikari suggested that the SOP should mention in detail regarding the capacity building and funding of the EMTs. The SOP only mentions that these will be done according to the RRT and EMT Mobilization Guideline 2022. He further asked information regarding when this SOP shall be officially endorsed.

**Dr Pratik Raj Ghimire, PAHS:**

He shared his experience of being deployed to Sudurpaschim Province and Madhesh Province. He praised the arrangements made by Dr Santosh Paudel (Chief of Trauma Center) which made the deployment very efficient and thus requested other high-level officials to encourage deployment.

**Mr. Shyam Lal Acharya, Focal Person, Karnali Province:**

He suggested that the government should be planning on decentralization of disaster plan. The response from central level shouldn't be waited and there should be local level preparedness for disaster and public health emergencies. He strongly added that there should be a separate "Health Emergency Fund" at all levels of government to smoothly incorporate EMT when required.

**Mr. Prakash Chandra Ghimire, HEOC, MOHP:**

He praised the efforts made by the participants to provide input to the SOP. He assured that the SOP will be endorsed soon. Mr Ghimire suggested that its high time we should be thinking on the sustainability of the initiatives and not just its establishment. He added that we should be planning on how to make the EMT equivalent to international standards and how we can support EMTs to fully function without any hinderance either administrative or political.

**Dr. Samir Kumar Adhikari, HECO Chief, MoHP:**

Dr Samir thanked all the participants and groups to actively participate in the event. He also expressed his commitment to incorporate relevant recommendations as the action points of this event. He also requested the participants to give written feedback to improve the SOP to incorporated them in the draft.



## Technical Session: Day 2

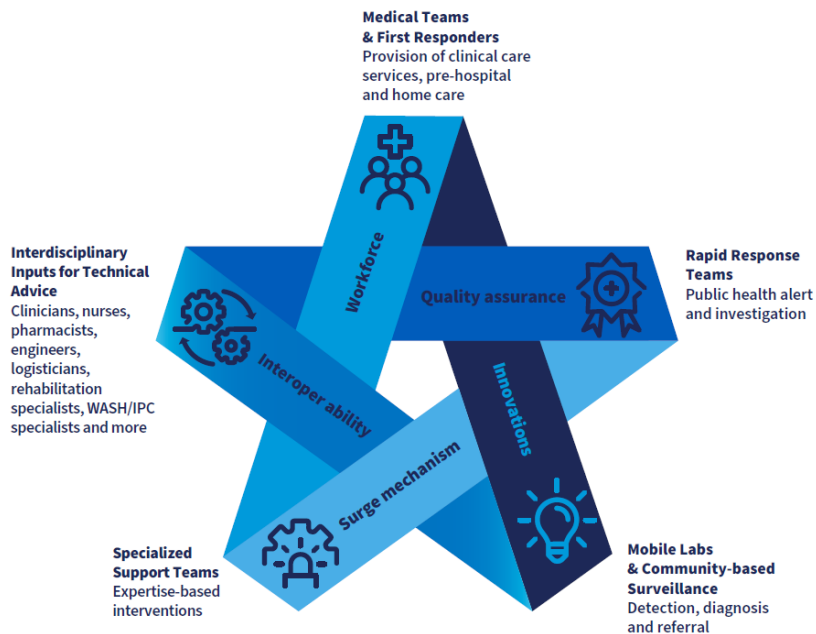
**Dr. Kai Hsiao**, Consultant for EMT Initiative at WHO HQ, presented the Global EMT 2030 Strategy. He congratulated Nepal for conducting the National Workshop on EMT which will not only prepare a country-based resilience but a regional resilience and a global resilience against disaster and public health emergencies.

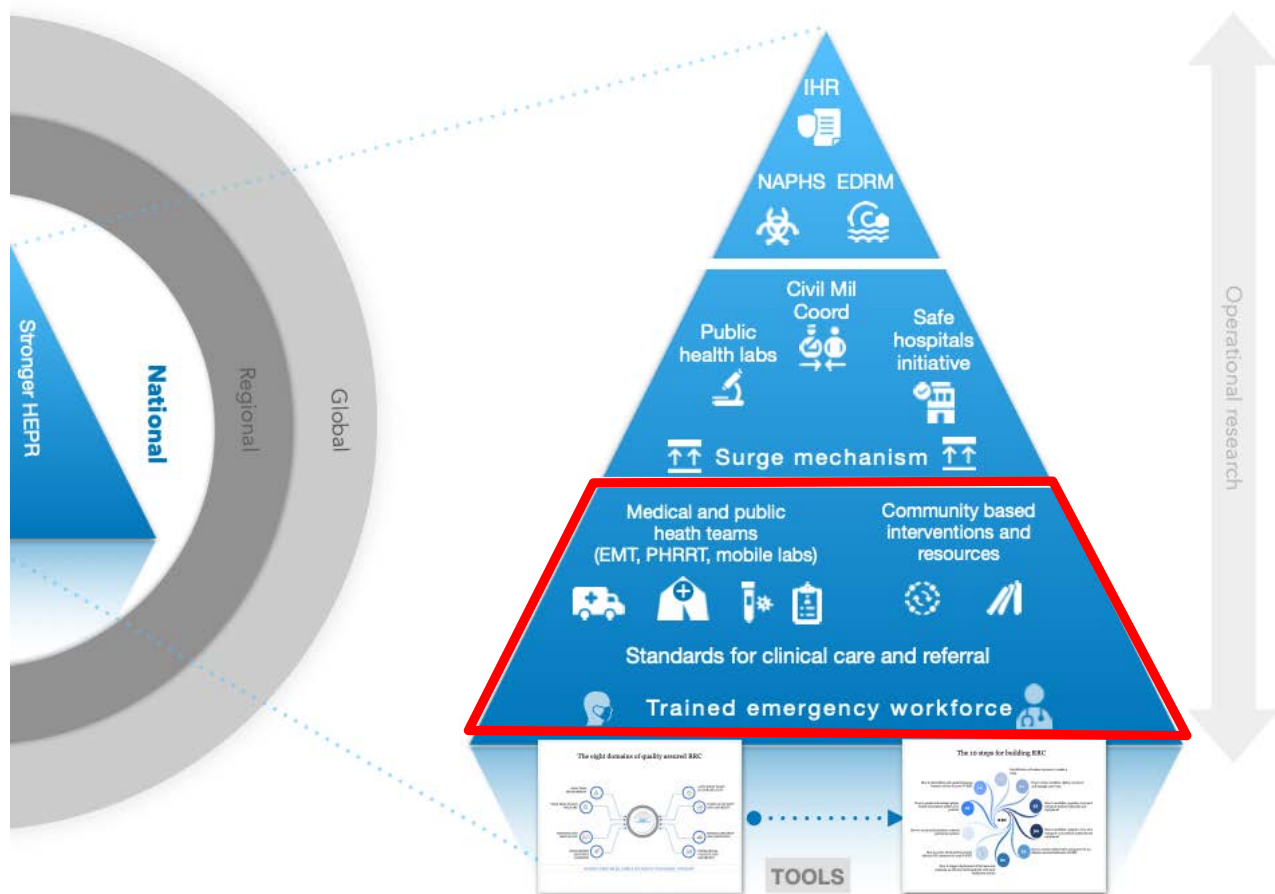


Dr. Kai Hsiao's presentation on EMT 2030 Strategy highlighted the need for a comprehensive and unified approach to address health emergencies globally. By emphasizing preparedness, capacity building, and collaboration, the strategy aims to create a more resilient and responsive healthcare system capable of effectively managing health

crises.

Dr. Kai mentioned that the strategy is designed to align with larger global agendas like Health Emergency Preparedness, response, and resilience (HEPR), Triple Billion Targets, International Health Regulations (IHR), SDGs, Sendai Framework for Disaster Risk Reduction, Paris Agreement. He expressed that EMT will be a critical part of the new Global Health Emergency Corps.






Dr Kai stressed on the fact that one of the critical building blocks of EMT initiative is to have National EMT capacities and systems. The National teams remain best placed to provide immediate and appropriate assistance when any disaster or emergency strikes. He elaborated the vision and Goal of EMT initiatives.

**Vision:** A world in which every country has the capacity to respond rapidly, effectively, and flexibly to national emergencies, leveraging regional and subregional capacities to support vulnerable communities and the people most in need.

**Goal:** Populations affected by health emergencies have access to quality, life-saving and essential health services through effective, scalable, interoperable, and rapidly deployable EMTs and other emergency capacities fully integrated into resilient, national health systems.

Adding further, Dr. Kai stated that there are four strategic objectives of this initiatives. These strategic objectives have been set to consider the Community and people centered approach, Context and needs-based response, strengthening surge capacity, interoperability and regionalization.

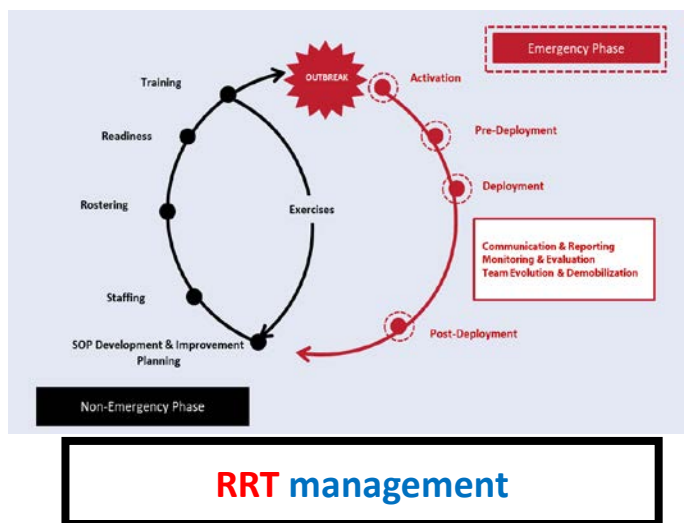
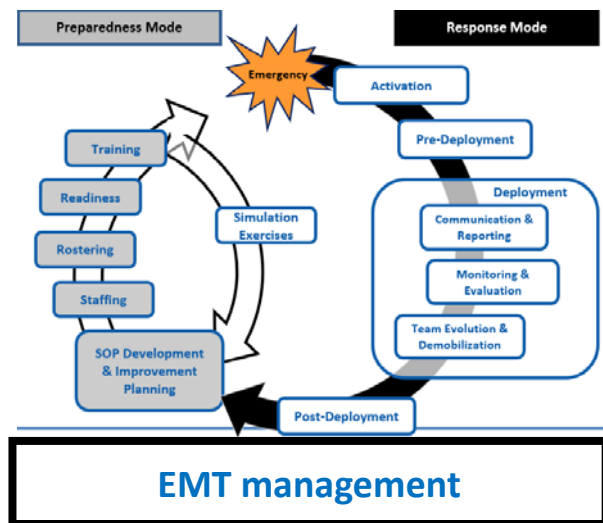
## Four Strategic Objectives

01 Strengthen Effective Partnerships, Leadership and Operational Governance	02 Provide Comprehensive, Accessible and Quality Health Services	03 Implement and Scale-up Strategies for Standardization and Quality Assurance	04 Strengthen Information Systems, Evidence and Research	
1.1 Promoting role of EMT Initiative  1.2 Fostering partnerships and knowledge sharing with other networks and partners  1.3 Strengthening regional governance  1.4 Strengthening cross-regional collaborations	2.1 Expanding coverage of EMT capacities at national, regional and global levels  2.2 Improving EMT coordination and interoperability	3.1 Establishing mechanisms of standardization and quality assurance of EMTs at regional and national levels  3.2 Implementing Minimum Technical Standards across all key areas of work  3.3 Developing and implementing comprehensive training programs across all main areas of EMT work	4.1 Developing and implementing information and knowledge management systems and tools  4.2 Establishing learning systems across main areas of EMT work  4.3 Strengthening operational research and evidence-translation	
Values 				
Community and people-centred approach	Context- and needs-based response	Strengthening surge capacity	Interoperability	Regionalization

He explained the values of the initiatives in detail. He emphasized that the health needs and expectations of the affected people and communities are central, actions are responsive and adaptable to local and context specific needs. One of the other important values of this strategy is strengthening surge capacity. The focus on building the ability of health systems to meet surge needs due to any health emergency, the implemented systems and tools work well between stakeholders and greater localization of actions and solutions at regional and subregional levels are other important values set by the initiatives.

Dr. Kai then explained about National EMT and Global EMT. He mentioned that Global EMT needs to undergo Global Classification whereas National EMT can be adapted as per country context and national validation is enough. The National EMT are deployed within a country and has to be country specific. Both EMTs have a common opportunity to undergo training and simulations and knowledge sharing at global platform.

He further elaborated on joint EMT-RRT response for coordinated and interoperable Health Emergency Response.



Lastly Dr. Kai emphasized that promoting EMT strategies entails facilitating the implementation and adoption of evidence-based practices, protocols, and guidelines. This can be achieved by collaborating with relevant stakeholders, such as government agencies, healthcare organizations, and educational institutions, to ensure that EMT personnel have the necessary training, resources, and support to deliver high-quality care.

In conclusion, Dr. Kai emphasized the importance of advocating for and promoting EMT strategies at all levels of healthcare. By translating these strategies into region-specific action plans, healthcare systems can better address the diverse needs and priorities of different regions, ultimately improving emergency medical care and saving lives.

**Dr John Prawira**, Technical Officer, SEARO began his presentation by providing a concise introduction to the South-East Asia region. He emphasized that despite the relatively small number of countries in this region, it is highly susceptible to various disasters. It is crucial for these countries to be prepared for such occurrences, as they cannot always rely on international assistance for immediate response.



The South-East Asia region is known for its vulnerability to natural disasters, including but not limited to earthquakes, tsunamis, typhoons, and floods. Additionally, the region's geographical location exposes it to tropical storms and heavy rainfall.

Dr. Prawira underlined the importance of self-reliance and preparedness in the face of disasters. While international support is valuable and often provided in the aftermath of a catastrophe, the initial response must come from within the affected country. The first few hours and days following a disaster are critical, and prompt action is necessary to save lives and minimize damage. There can be situations like COVID-19 where travel may be restricted and where National effort or even sub national effort becomes important.

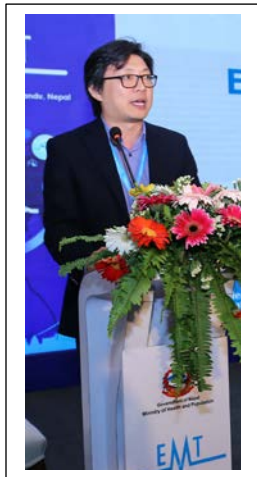
Dr. John also informed the group that Pursuant to WHO RCM resolution SEA/RC71/R5 of September 2018, the “Regional Emergency Medical Team (EMT) Working Group” in the South-East Asia region has been formed which has fixed set of objectives, that is to provide an opportunity and enabling environment for Member States to engage collectively to:

- develop common minimum standards and mechanism for establishing and development of multidisciplinary, inter-operable and rapidly deployable and scalable emergency response workforce
- ensure an acceptable quality of emergency services expected out of national EMTs
- harmonize existing health emergency workforce available in a country (EMTs, RRTs, mobile medical teams, GOARN and frontline health workforce etc.)

Following to this in 2019, during regional committee meeting in India, “Delhi Declaration” with signatories from all member states, announced to support the implementation of EMT initiatives

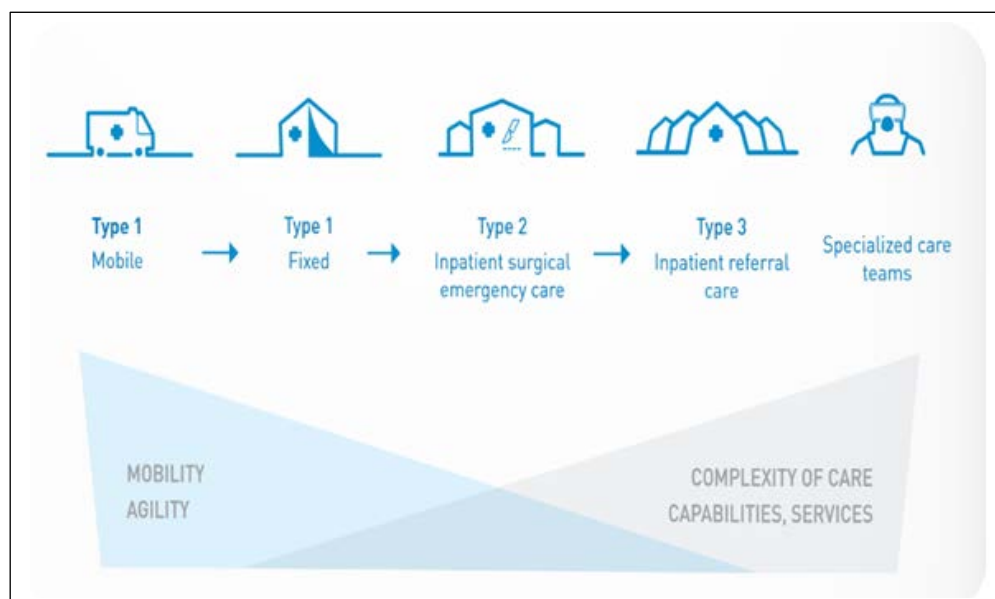
across South-East Asia. Regarding the status of EMTs in South-East Asia region, he mentioned that only one country has EMT Global validation i.e., Thailand.

**Dr. Kai Hsiao**, Consultant for EMT Initiative at WHO HQ briefly discussed regarding

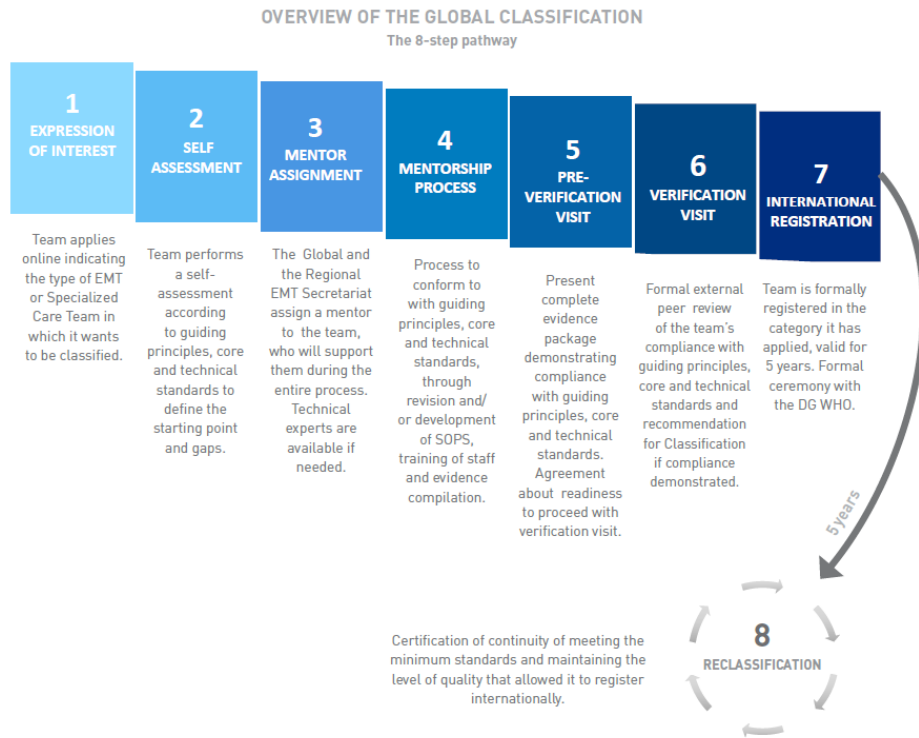


“Emergency Medical Teams Global Classification”. Among many functions of EMT network, quality assurance is one major area of the work. It’s a process to ensure that teams that are being deployed cross borders, meet a minimum set standard i.e., core and minimum technical standards as set up in the blue book. The initiative also needs to assure that the quality is maintained.

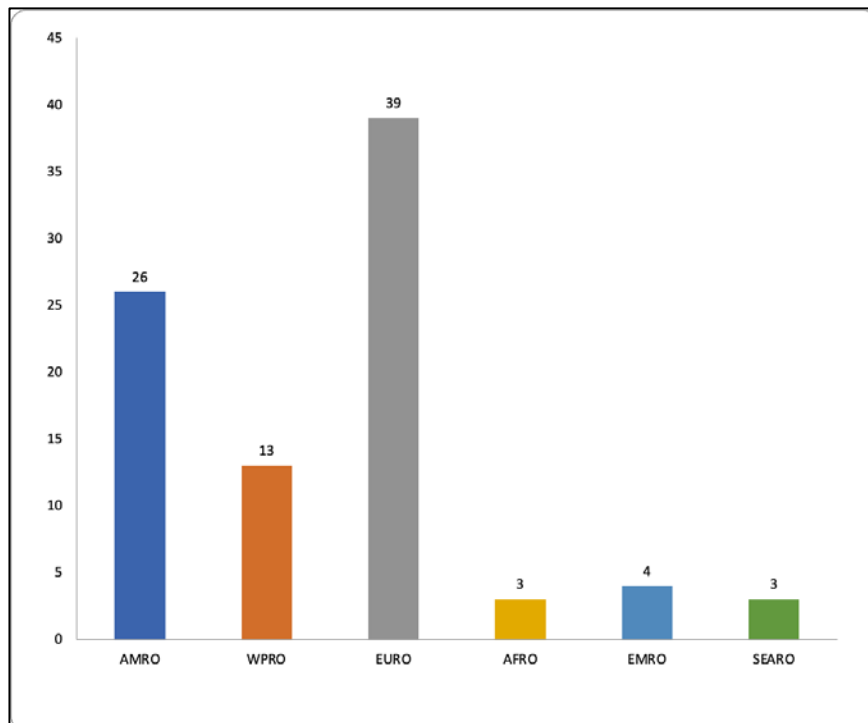
He later added that EMT Network has set up fixed 8 steps that is required by all interested EMTs to follow in order to get globally accredited. The global classification supports the response and care to be timely, appropriate, safe and coordinated. He also stressed that the EMT global classification gives predictability to the receiving team or country because of the common typology. The receiving country understands the capacity and range of the incoming team. The global classification allows the ability to pre verify the quality rather than waiting till the emergency happens. When an emergency strikes, it is well known which team has what quality and thus can be deployed urgently. Dr Kai explained the tiered approach of global classification. The tiered approach supports the expansion in capacity to meet the needs created by the exponential increase in demand for care and to prevent the health services network from collapsing.



He then briefly discussed about the 8 steps pathway for global verification of EMTs.



Dr Kai then informed that there are 134 EMTs registered (38 Classified and 96 under mentorship) till 31 May 2023. Among 94 EMTs that are racing towards classification, they are 94 NGOs, 36 Government (Civilian), 4 Government (Military) and 2 academic organizations.



## Panel Discussion

### Panelist:

1. Dr Anup Bastola, Directory of Curative Service Division of MoHP
2. Dr Flavio Salio, EMT Network Leader, WHO HQ
3. Dr Binod Kumar Giri, Director, Lumbini Provincial Health Directorate
4. Dr Rajib Kumar Shah, Director, Karnali Academy of Health Sciences
5. Dr Ajay Kumar Yadav, Hub Focal Point, BP Koirala Institute of Health Sciences

### Moderator:

1. Dr Samir Kumar Adhikari, Chief HEOC
2. Dr Allison Gocotano, Team Lead, WHO-Nepal



**Panel Discussion** : From Left to Right: Dr Samir Kumar Adhikari, Dr. Anup Bastola, Dr Binod Kumar Giri, Dr Rajiv Shah, Dr Ajay Kumar Yadav, Dr Flavio Salio, Dr Shrijana Singh and Dr Allison Gocotano



**Q. Dr Samir to Dr Ajay Kumar Yadav:** The EMT initiative is currently focused on Hub and Satellite hospital personnel. In your opinion, do you think that other health workforce from other institutions like municipal hospitals or non-government partners should be involved? Is this feasible?

**A. Dr Ajay Kumar Yadav :** “Hub satellite hospital network has enabled the better communication within the hospitals. Many hospitals including us has disaster plan but during the disaster it’s the communication and coordination that dictates the quality of disaster response. For my understanding HUB satellite network is a great concept and distribution of roles and responsibility within the network is best for EMT initiatives in Nepal.

**Q. Dr Samir to Dr Rajiv Kumar Shah:** “Dr. Samir: Building on what Dr. Ajay said, I would like to ask Dr. Rajeev, what do you think how should we deploy the EMT team? Should the team be the same way as it is, or should it be made of international standard? Or Which modality should we follow so that the team roster always remains updated, practical & sustainable and we don’t lose team members at the time of deployment?

**A. Dr Rajiv Kumar Shah:** “I would first like to relive the peak of second wave of COVID when we had to respond to deployment request by MoHP for Nepalgunj. Our 22 members were virtually trained by MoHP and WHO. We had 3 EMT teams ready by then. So, we could select 7 members from the pool and then deployed the team there. What I mean to say that we had more trained manpower so, we could easily send a team. We had 3 internist, 3 anesthesiologists, 2 MDGP, 5-6 medical officer, 7-8 nursing staff and 3 paramedics. If we had only one trained staff from each department maybe, we would not be able to deploy. Thus, if we prepare a pool of trained EMTs within the hospitals it is easy for deployment.

**Q. Dr Samir to Dr Binod Kumar Giri :** As we understand, the EMT would require certain set of equipment for full functioning. Would you like to **share your experiences regarding any deployment** if has happen in your province. If so, **what is the established system for identifying and procuring necessary EMT equipment?**

**A. Dr Binod Kumar Giri :** “In Lumbini province there are three strategic points where we made three COVID dedicated hospitals during COVID-19 pandemic. There was a huge shortage of human resources, to replenish it we mobilized some human resources from our existing hospitals and some from medical colleges.

Deployment outside the setting where one is already acclimatized is a challenging task that requires careful preparation and adaptability. To my experience, the interested and motivated health care workers should be selected in EMT rather than highly qualified doctors. *Selecting Interested and Motivated Health Care Workers in EMT: A Compelling Choice Over Highly Qualified Doctors*. However, I don't deny that the incentives and facilities play a great role motivating the EMTs.

Incentives and facilities would play a role again.

Procurement is an essential component of logistic management for EMTs. It involves the acquisition of medical supplies, equipment, and pharmaceuticals necessary for emergency response. To facilitate efficient procurement, EMTs can establish pre-determined supply chains and establish partnerships with reliable suppliers.

Efficient procurement, inventory management, transportation, and communication are key aspects that contribute to the effectiveness of logistic management.”

**Q. Dr Samir to Dr Flavio Salio :** After active participation in this intense two-day workshop and learning the current EMT initiative in Nepal, what would be your key recommendation to help the country move forward its EMT program?

**A. Dr Flavio Salio:** “ Congratulations to Nepal for moving in the right direction. It is commendable to see that the standard operating procedure (SOP) of emergency medical teams (EMT) in Nepal is already on the right track. The thoughts and approach of EMT in Nepal are in alignment with the regional and global perspective.

The importance of having a well-defined SOP for EMT cannot be overstated. It ensures that there is a consistent and standardized approach to providing emergency medical care. This not only helps in delivering timely and effective treatment but also enhances coordination among EMT providers.

There have been huge discussions regarding the HR management. Its same around the world. Its not pleasant thing to find sufficient HR for deployment. I understand the motive behind having junior doctors and residents in the formation of teams. But there should be clear criteria for the individual to be an EMTs. Not only to be in the team, but he/she should be able to get pre

deployment trainings and other capacity building activities as a part of the team. These young doctors can be supervised during the deployment with clear role definition.

The effective activation and deployment of Emergency Medical Teams (EMTs) play a vital role in ensuring timely and quality emergency medical services. To achieve this, it is imperative that appropriate legislation is put in place at central level to facilitate the seamless functioning of EMTs.”

**Q. Dr Samir to Dr Anup Bastola:** Since EMT registration is currently being considered, should there be an EMT Registration number separate from the existing Health professional license number? Or do you suggest that National Health Training Center conduct the training and certify accordingly.

**A. Dr Anup Bastola :** “Nepal has been responding to need of emergency deployment within country way before these documents were made. We have practiced deployment of specialized teams during earthquake as well. However, MoHP is trying to streamline the deployment based on global EMT initiative is commendable. The health workforce, particularly within the government sector, plays a vital role in providing essential services to the community. However, the demanding nature of their day-to-day work often leads to burnout and exhaustion among these dedicated professionals. To address this issue, it is crucial to implement effective strategies, such as proper rostering of Emergency Medical Teams (EMTs), to alleviate burnout and ensure the well-being of the health workforce. The rapid transfer of staffs to my concern is not an issue as they will be within the system.

When we talk about roster, its important to clearly define the criteria and standard. Once we have national EMT minimum standard based on disasters we have in our country, there would be no reason to separately register or get licensing with any new system. However, those in roster could be supported with relevant trainings and time to time drills.

**Q. Dr Allison to Dr Anup Bastola :** The volunteer mechanism for medical response in Indonesia has a process in which they have a public website, where anyone (Private/Government) can self-register mentioning the geographical area where they could provide support during emergencies. While registration, the individual also mentions the skills they can support during the disaster. The central committee then conducts the verification, and the list is kept ready for deployment if

required. Do you think such system can help in Nepal as well or you have different thoughts on EMT roster management system in context of Nepal.

**A. Dr Anup Bastola:** “With my previous experience of COVID-19 pandemic response, it was very difficult to find someone willingly volunteering to support the surge requirement. The system in Indonesia is really interesting and such platform can be very helpful in Nepal as well. However, to my understanding, in Nepal there should be some compulsory rules for the government health work force to participate in EMT roster. Along with this, I remember how there were very few hospitals working during COVID-19, however when the incentive system came in, almost every hospital participated in COVID-19 management.”

**Q. Dr Allison to Dr Flavio Salio:** Throughout the two days, there has been a common statement that there should be trainings involved. Do we have available trainings for EMT globally that can promote multi country collaboration?

For countries where EMT is not classified in WHO classification such as Nepal, are EMTs from Nepal eligible to participate in such trainings?

**A. Dr Flavio Salio:** “Today in most of the country, being a part of EMT is a privilege. The reason it is considered as privilege is because of its global expansion as an EMT network. Whether you are classified or not, you are exposed to the global community where there is a continuous exchange of learning. The multicountry training that we have are focused for those country which have not been classified as Global EMT and wants to be in global classification.”

**Q. Dr Allison to Dr Binod Kumar Giri:** Since we are talking about deployment, we understand the post deployment phase is also important. What are your views on management of post deployment phase of EMT?

**A. Dr Binod Kumar Giri:** “Based on types of disaster and emergencies, there should be disaster specific post disaster phase management legislation. In case of communicable disease situations, the post deployment period of the individual should be the responsibility of the government and during the quarantine period he/she should be allowed to be away from duty. The system should be based on types of disaster.” Similar was practiced during COVID-19 too.

## Q&A Session from the Floor

**Mr. Buddhi Sagar Adhikari (MOSD, Gandaki Province):** What are activities heading supporting EMT that are prioritized in budget of Province and Local by central government? As far as I have been provided, one million Nepali Rupees has been allocated for RRT and RCC committee formation and capacity building. Similarly, 6 lakh 40 thousand has been allocated prehospital care training for ambulance drivers. We have been allocating separate funds for functioning of Provincial Health Emergency Operation Center (PHEOC). This fiscal year we will be having 2.4 million Nepali Rupees for PHEOC. We have been doing such at province level, but I have not heard of any budget allocation on heading of EMT or RRT from central government. I would like to know what the status and plan of central government regarding budget allocation on these headings are.

**Dr Uday Narayan Singh :** I would like to request Dr Flavio to clarify whether the EMT configuration that we have in Nepal is universal or can be made country/disaster specific. I have experienced that during COVID-19 a team was sent to Birgunj (Narayani Hospital) which had ENT Surgeons, Psychiatrists and Dental Surgeons who were of minimal use. So do we need to have a fixed team for deployment. How is it in other countries?

**Dr Flavio Salio :** “The roster criteria in Nepal are in right direction. The team composition made in Nepal seems to be made for mobile team if we exclude the surgeons from the team. When required within hospital, the team could include surgeons . Nepal seems to be a step ahead in the team composition as well.”

## Continuation of Panel Discussion

**Q. Dr Allison to Dr Rajiv Kumar Shah:** We are in early stage of development of SOP for EMT. However, do you have any experience of EMT deployment from your hospital? If yes, do you have repository of deployment?

**A. Dr Rajiv Kumar Shah:** We have deployed our team to two occasions. One during COVID-19 to Nepalgunj and next during plane crash. During both the deployment, the trigger was initiated from HEOC. It was very difficult to arrange HR for deployment and I fully agree with Indonesia model of roster development. That could be very helpful in our country as well.

**Q. Dr Samir to Dr Anup Bastola:** As we have lot of discussions regarding fund management to efficiently conduct EMT initiatives in Nepal. How do you think there could be consistent fund management to establish the EMT initiatives?

**A. Anup Bastola:** We have experienced from COVID-19 that the dedicated fund is required for such situation. There is dire need of legal document which provides funds for EMT mobilization. The acts have mentioned regarding the emergency health services but there seems to be no defined fund. Thus, legal document needs to be made and be strong enough to get the fund and then later utilize the fund. There are also many funds which needs to be streamlined in order to get the better results.

## Closing Ceremony

The closing ceremony, facilitated by Mr. Prakash Chandra Ghimire and chaired by additional Health Secretary Dr. Tanka P. Barakoti, served as a momentous occasion to acknowledge the successful completion of the event. The dias was graced by the presence of other dignitaries; Dr Anup Bastola (Director CSD), Dr Samir Kumar Adhikari (Chief, HEOC), Dr Allison Gocotano (Team Lead WHO-Nepal), Dr Flavio Salio ( EMT Network Leader, WHO HQ).



**Dr. Santosh Poudel**, medical director of Bir Hospital, provided valuable feedback on a workshop.



In addition to his feedback, he also shared his personal experience of the Earthquake Response in 2015. During this time, he and his team were unexpectedly deployed to the site in Sindhupalchok without any prior information or preparation. The lack of Standard Operating Procedures (SOPs) and unclear role divisions posed significant challenges.

Reflecting on his experience, Dr. Poudel vividly recalls serving as one of the first responders during this critical period. The absence of SOPs and clear role divisions made the situation even more demanding. Despite the lack of preparedness, Dr. Poudel and his team demonstrated their commitment to providing immediate assistance to those affected by the earthquake. Had there been a proper team deployed with proper trainings and role divisions, it would be much more effective.

Recently, Bir Hospital received an EMT backpack from the Ministry of Health and Population (MoHP) in support of WHO-Nepal. This donation served as a reminder of how valuable such backpacks would have been during the earthquake response in 2015.

This is high time; we should be better prepared for disaster and public health emergencies.

**Dr. Shravan Kumar Nayak** (Madhesh PHD) has emphasized the positive impact of workshops



on promoting organized work and enhancing the motivation of health workers. These workshops play a crucial role in improving the efficiency and effectiveness of healthcare professionals. By providing valuable insights and knowledge, workshops equip health workers with the necessary tools to carry out their duties in a more streamlined manner.

Reflecting back on his experience during the earthquake response in 2015, Dr. Nayak recalls collaborating with a team from Poland that possessed an

ambulance hospital.

EMT concept, framework, manuals, SOP will aid National, Provincial and Local capacity for disaster effect minimization and management. He also stated that he is advocating such at provincial levels to include these under budget allocations. He admitted that not only he but entire participants have been excited to move this initiative forward.

**Dr Allison Gocotano** (Team Lead, WHO-Nepal) delivered the closing remarks on behalf of WHO



Representative for Nepal, Dr Rajesh Sambhajirao Pandav. He congratulated MoHP for successfully conducting two-day workshop on EMT. He also thanked participants for active participation and interactive discussion throughout the full two days of the workshop. He mentioned that the workshop is a milestone that has achieved significant progress towards sustainability of EMT initiative in Nepal.

The participation of the Honorable Minister of Health in this program is an acknowledgment of its significance and a testament to the high priority the government places on Emergency Medical Teams (EMTs). During his address, Dr Gocotano expressed that the Health Minister's participation has already served as a symbol of the government's commitment to strengthening the EMT initiative in the country and improving emergency medical services.

He also recalled that in last two days the status of EMT in Nepal and the history of EMT related activities. This was discussed together with perspective of regional and global EMTs. He also thanked Dr Flavio Salio, Dr Kai Hsiao and Dr John Prawira for their time, guidance, and technical expertise throughout this workshop. Together, we have made progress towards achieving the



targets as defined in Global EMT strategy in 2030. He also expressed commitment on behalf of WHO Nepal to continue its collaboration and support to MoHP in further strengthening preparedness, readiness, and response to disasters and public health emergencies, this time focused on saving lives and alleviating suffering as envisioned by the EMT initiative.

**Dr Anup Bastola (Director CSD) :** He thanked WHO-Nepal for supporting MoHP in conducting



this important event. He requested the participants to map the human resources back at their organization which will be very easy during disaster. He also encouraged participants to gear up and prepare for disaster as our country is disaster prone countries. He requested the participants to review the SOP and asked to provide if any suggestion to MoHP that could make it more country specific. He thanked the

participants for active participation and committed that Curative Service Division (CSD) would include the EMT in evaluation of minimal standard services.

**Dr Tanka Psd Barakoti, Additional Health Secretary (MoHP) :** The workshop conducted was



deemed a grand success, according to his expression. It had a profound impact on the participants, instilling within them a strong eagerness and willingness. Not only did it inspire the desire to establish a national Emergency Medical Teams (EMT) system in Nepal, but it also ignited the ambition to attain a globally classified EMT status. The workshop proved to be a transformative experience, leaving a lasting impression on all those involved. Through its comprehensive and insightful sessions, it succeeded in fostering a sense of determination and enthusiasm among the attendees. The knowledge and skills gained during the workshop will undoubtedly

contribute to the advancement of emergency medical services in Nepal and potentially elevate the country's EMT standards to international levels.

He committed that the ministry of health and population will always be receptive for future collaboration and coordination for strengthening the EMT initiative in Nepal.

Furthermore, he extended gratitude towards WHO-Nepal for their unwavering support in making the event a success. The collaboration and assistance provided by WHO-Nepal played a crucial role in ensuring the smooth execution of the event.

The MoHP recognizes the immense value brought by the expertise and guidance provided by the WHO HQ and SEARO, as well as the continuous support offered by WHO-Nepal. Their contributions have undoubtedly played a crucial role in success of this workshop.



**Closing Ceremony** : From Left to Right: Dr Samir Kumar Adhikari, Dr. Anup Bastola, Dr Tanka Psd Barakoti, Dr Flavio Salio, and Dr Allison Gocotano

## Way forward

Based on the consultations during the two-day workshop the following points emerged as next steps in addressing the challenges related to EMT initiatives in Nepal.

### **1. Legislation:**

- To develop a strong legal document defining roles of Hub and Satellite hospital in order to establish and implement EMT in Nepal.
- To incorporate the feedback from the participants and develop the Standard Operating Procedure for operationalization of Emergency Medical Teams (EMT) based on the National Guidelines.

### **2. Finance:**

- To establish “Public Health Emergency Fund” at Ministry of Health and Population under Health Emergency Operation Center (HEOC) for sustainability of EMT capacity building, preparation and deployment when required.

### **3. Communication and Coordination:**

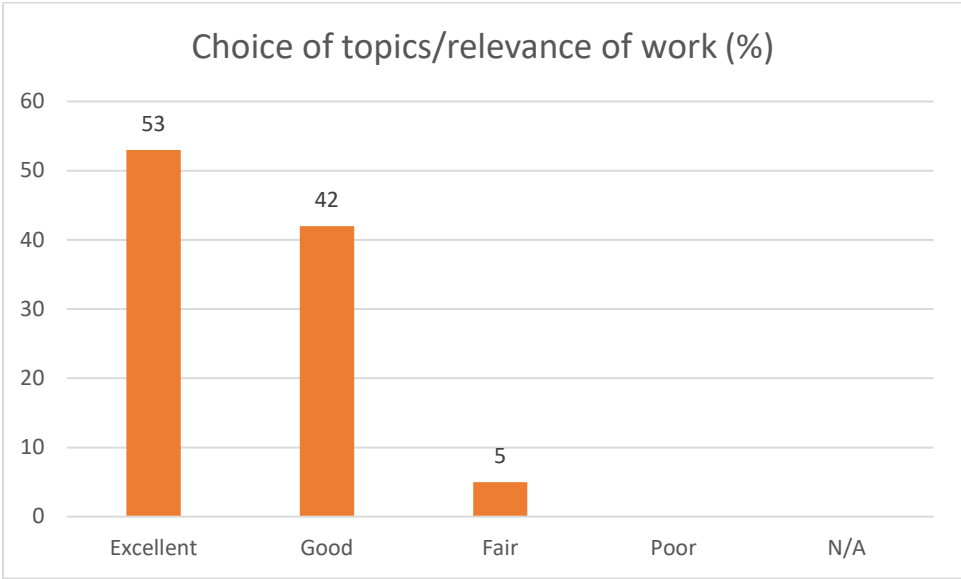
- To ensure regular communication and interactions with EMT Global Network and partners to ensure that they are informed and engaged in collaborative efforts.
- To nominate a EMT National focal point at Ministry of Health and Population to provide institutional support for the development and implementation of the EMT initiative in the country.

### **4. Implementation:**

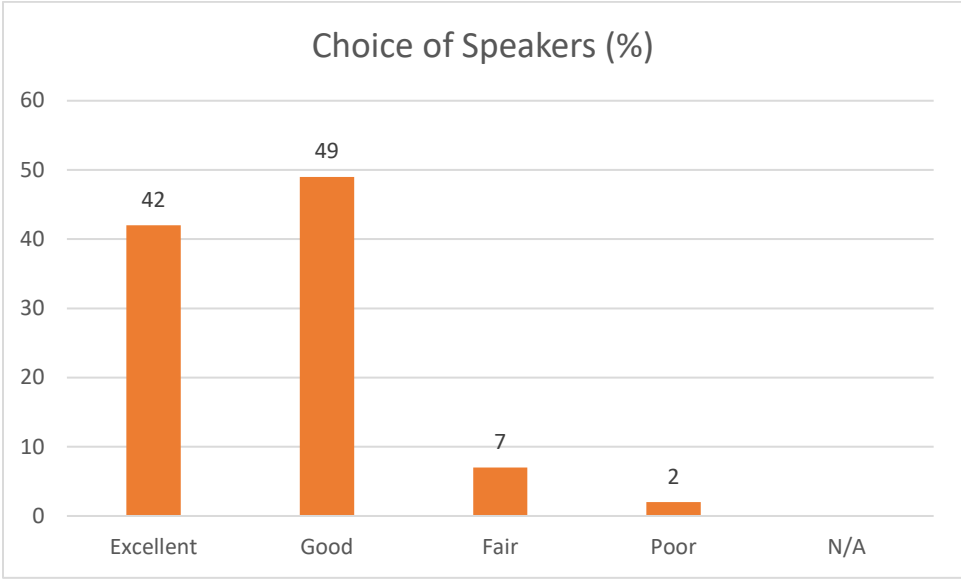
- To develop and capacitate two EMTs (one “Infectious Disease Management” and other “Mass Casualty Management”) from each Hub Satellite Network.
- To establish EMT coordination Center at Health Emergency Operation Center (HEOC) to ensure timely update of data base, development of national roster, coordinate the development of new guidance and update existing guidance, minimum standards and recommendations applicable to EMTs.
- To develop a public domain under EMT Coordination Center for public to register voluntarily for EMT deployment if required.
- To conduct workshop/review meeting to update disaster response and preparedness within health-sectors including EMTs.



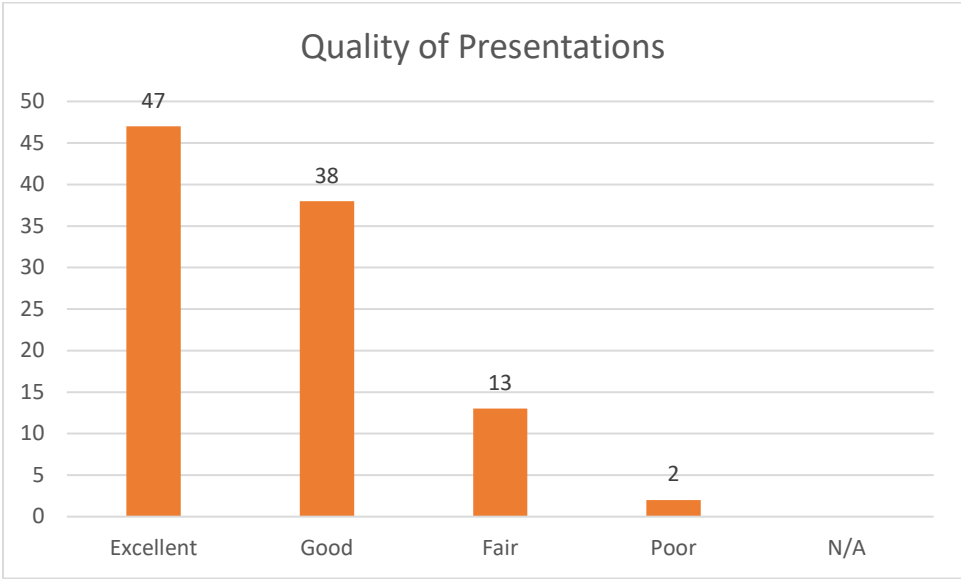
Q3. Rate the workshop regarding its content?



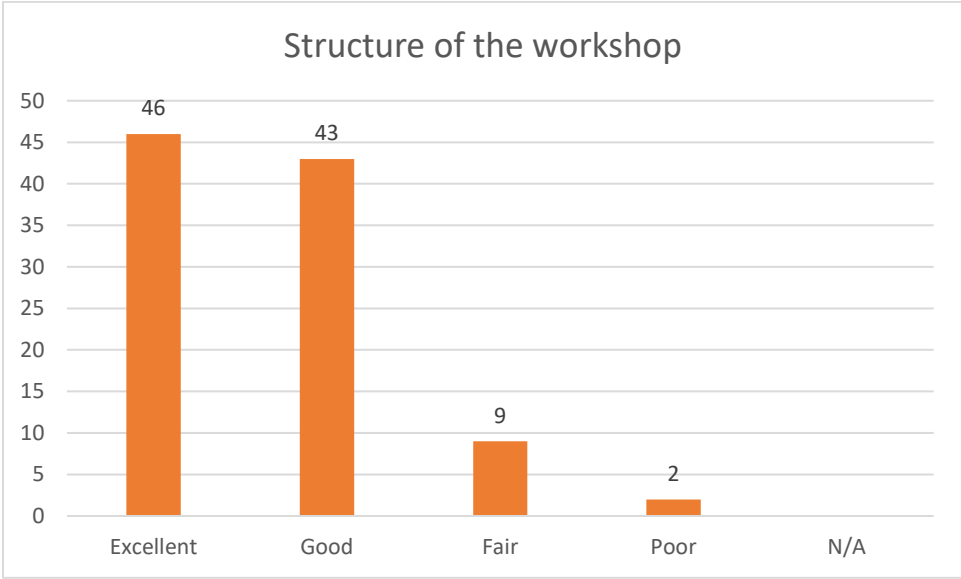
Q4. Rate the workshop regarding its content?



Q5. Rate the workshop regarding its content?



Q6. Rate the workshop regarding its content?



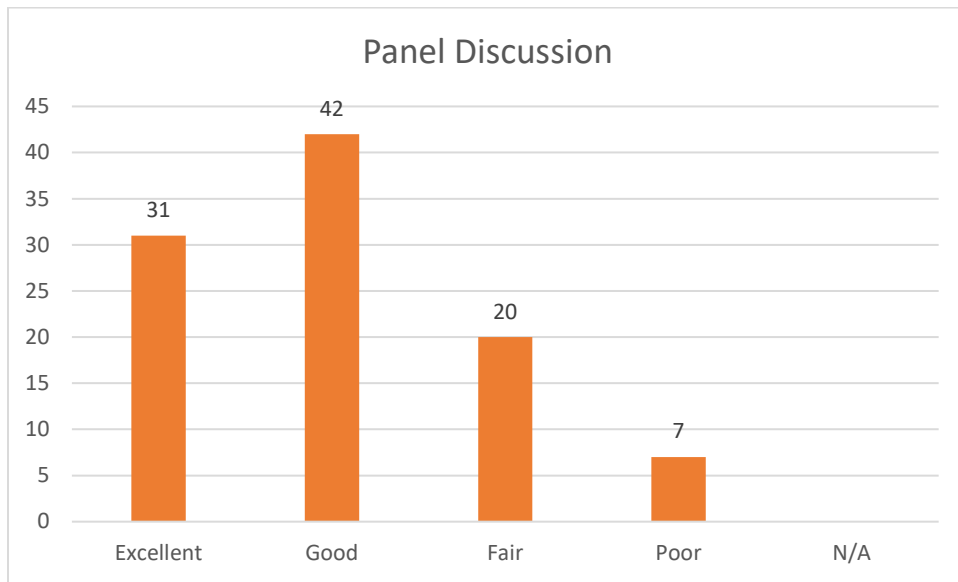
Q7. Rate the workshop regarding its content?



Q8. Rate the workshop regarding its content?



Q9. Rate the workshop regarding its content?



Q10. What is the main strength of the workshop?





Q11. What were the main weakness of the workshop?



Q12. What could be improved?



## Annex 1: Agenda of the program



# EMT Ministry of Health and Population EMT National Workshop on Emergency Medical Team



June 23-24, 2023: Kathmandu

Hotel Square, Lalitpur

Day 01, June 23, 2023

Time	Activities	Remarks/Responsibility
08:45-09:00	<b>Registration</b>	
09:00-10:00	<b>Opening Session (MC: C/O HEOC)</b> <b>Chair:</b> Secretary-MOHP <b>Patron:</b> Hon. Minister 1. <b>Welcome Speech:</b> MOHP 2. <b>Opening Remarks</b> <ul style="list-style-type: none"> <li>• WR:</li> <li>• NDRRMA:</li> <li>• DG:</li> <li>• Add Sec:</li> <li>• Hon. Minister</li> <li>• Chair</li> </ul>	<b>HEOC/MOHP</b>
<b>Group Photoshoot</b>		
10:30-10:45	<b>Tea-Break</b>	
<b>Technical Session</b>		
10:45-11:15	Introduction-Participants	<b>Local Lead Facilitator</b>
11:15 – 11:45	History of EMT initiatives	<b>WHO HQ</b>
11:45 – 12:15	National Approach to Health Emergency Management and response planning <i>(PHSA 2018, PHSR 2020 and RRT and EMT Deployment Guidelines-2022)</i>	<b>HEOC</b>
12:15-12:30	Q & A	<b>Local Lead Facilitator</b>
12:30 – 13:00	<b>Group Division and Introduction to the Group work/discussion</b>	<b>Local Lead Facilitator</b>
13:00 – 14:00	<b>Lunch Break</b>	
14:00 – 15:45	Group Discussion <i>(The initial draft of the Standard Operating Procedure – SOP will be printed and distributed to each group. The group will thoroughly go through the draft and present their feedback in form of PowerPoint presentation in given template. Each team will be facilitated and guided by MOHP/WHO officials)</i>	<b>Group Discussions</b>  (5 groups, facilitated by <b>MOHP/WHO</b> )
15:45 – 16:00	<b>Tea-Break</b>	
16:00 – 16:30	Conclusion of the day	<b>WHO</b>

June 23-24, 2023: Kathmandu

Hotel Square, Lalitpur

**Day 02, June 24, 2023**

Time	Activities	Remarks/Responsibility
09:00-09:15	Review of the Day 1	<b>Volunteer from participants</b>
09:15-10:15	Presentation: All Groups <i>(Based on Group discussion)</i>	<b>Local Lead facilitator</b>
10:15 – 10:30	Q/A	<b>Local Lead facilitator</b>
1030 – 1045	<b>Tea Break</b>	
10:45 – 11:15	EMT: Regional context	<b>WHO SEARO</b>
11:15 – 12:00	EMT: Global context	<b>WHO HQ</b>
12:00 – 12:15	Q & A	<b>Local Lead Facilitator</b>
12:15 – 13:15	<b>Lunch</b>	
13:15 – 14:15	Principles, standards, and process for EMTs <i>(Categorization of EMTs, Typology and accreditation)</i>	<b>WHO (SEARO/HQ)</b>
14:15 - 15:15	<b>Panel Discussion:</b> <ul style="list-style-type: none"> <li>• QSRD Chief: Dr Madan K Upadhyaya</li> <li>• CSD Director: Dr Anup Banstola</li> <li>• Hub Hospital Focal Point:</li> <li>• Hub Hospital Director:</li> <li>• Provincial Health Directorate:</li> <li>• WHO-HQ:</li> </ul>	<b>Moderator:</b> Local Facilitator/WHO
1515-1530	<b>Tea Break</b>	
1530 – 1600	<b>Workshop Evaluation</b>	<b>Organizing Committee</b>
16:00 – 16:30	<b>Closing Remarks:</b> <ul style="list-style-type: none"> <li>• WHO-SEARO</li> <li>• WHO-HQ</li> <li>• WHO-Nepal</li> <li>• Secretary MOHP</li> </ul>	<b>Local Lead facilitator</b>

**Annex 2 : Pictures**























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