

REHABILITATION IN EMERGENCIES

Emergencies can result in a massive surge in traumatic injuries, for which rehabilitation is an essential component of care.



In emergencies it can be difficult for people to access rehabilitation services

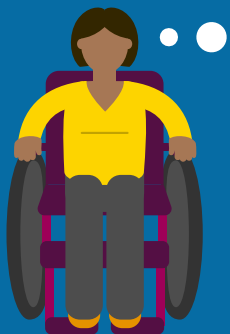
Early access to rehabilitation in emergencies:

Helps speed up recovery and prevent complications that could prolong admission



Helps to achieve the best long-term outcomes for the patient

Rehabilitation in the EMT:



Can assist in identifying a patient's needs beyond discharge and refer them to the appropriate services



Can support a patient to self manage and continue their recovery after they leave the hospital

For more information about the WHO rehabilitation standards for EMTs visit: <https://extranet.who.int/emt/>

SKILLS AND COMPETENCIES

Rehabilitation professionals need:



Training and
at least

2
YEARS

of clinical
experience



Training in austere environments
is also desirable



Rehabilitation professionals
should comply with all
professional registration
and licensing requirements
of their country

The following rehabilitation skills should be represented in the EMT:



Functional education
and retraining

Splinting



Provision of
psycho-social support

Respiratory
care

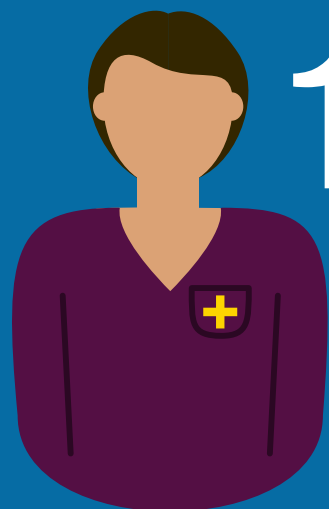


Patient
mobilization and
assistive devices

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TEAM CONFIGURATION

Type 2 + 3 EMTs should have:

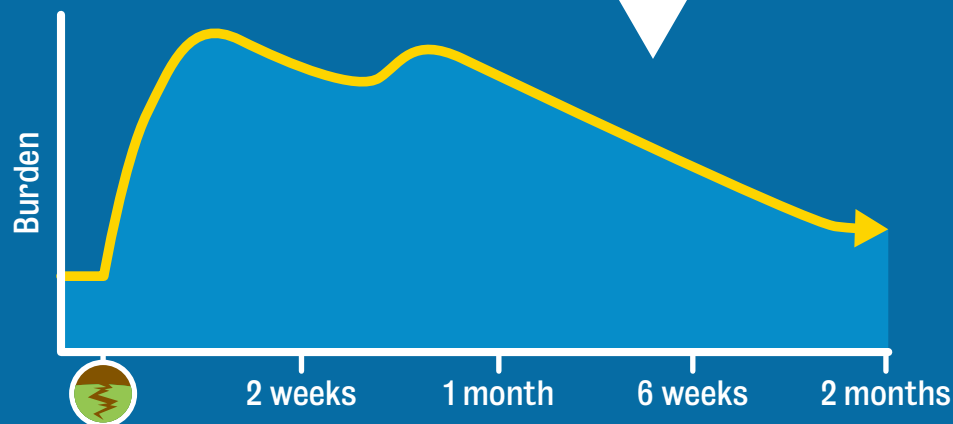


1 rehabilitation professional for every

20 BEDS



Demand for rehabilitation fluctuates over time



Number of rehabilitation professionals at each stage of an emergency will depend on anticipated needs



Rehabilitation within EMTs can be supported by local personnel



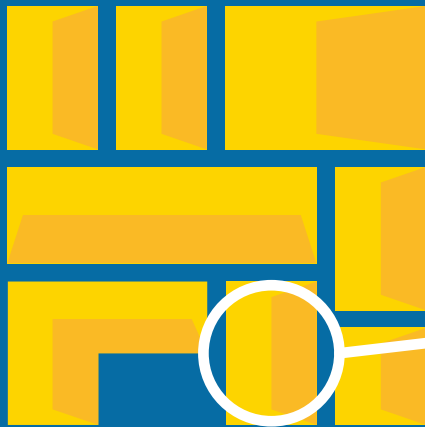
Nursing staff can also be used to augment rehabilitation capacity



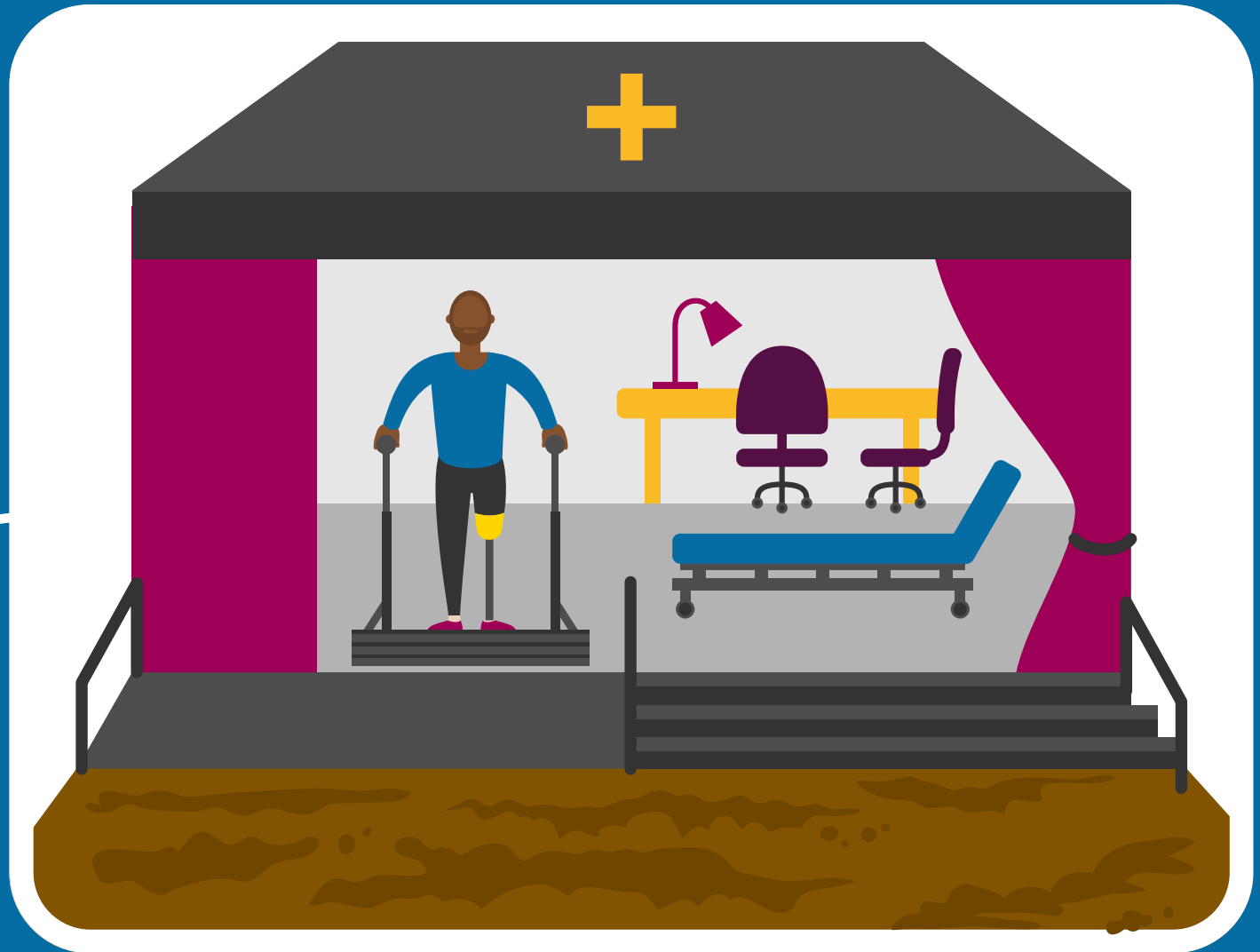


REHABILITATION SPACE

EMT



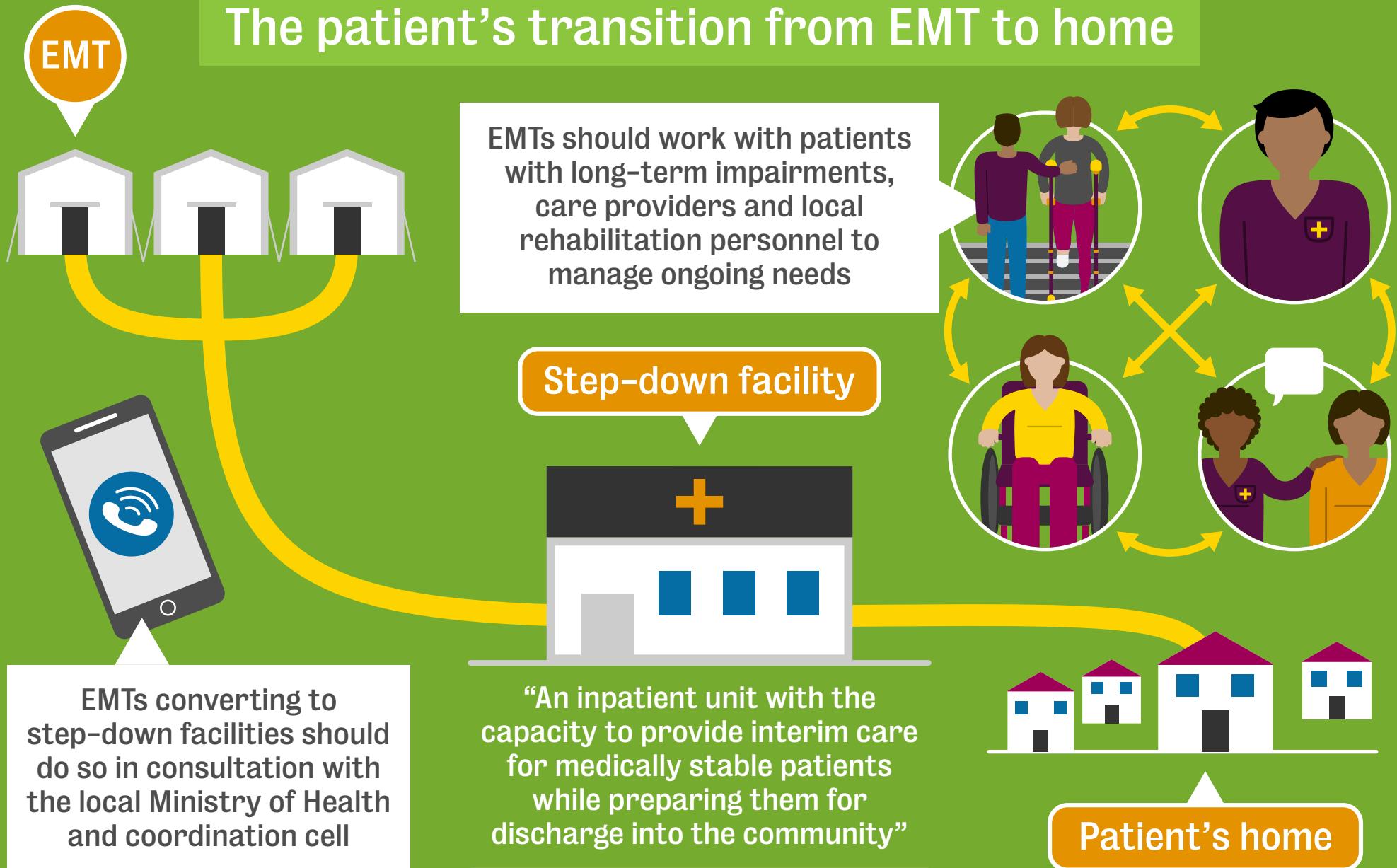
Type 2 and 3 EMTs should ensure that separate space of at least 12m² is provided within all field hospitals for rehabilitation and mobilization activities



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STEP-DOWN FACILITIES

The patient's transition from EMT to home



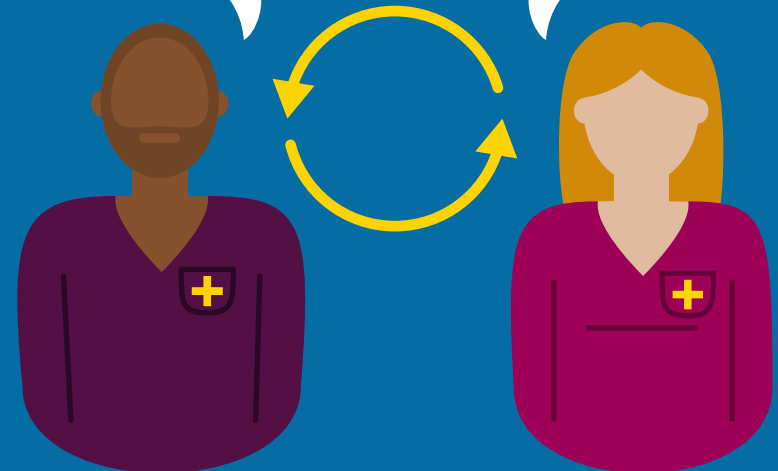
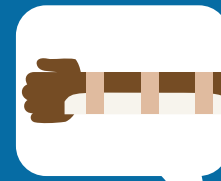
BUILDING LOCAL CAPACITY



Training of local health workers should align with local practices and standards



EMTs should maximize opportunities to exchange rehabilitation knowledge and competencies with local personnel



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INFORMATION MANAGEMENT

Notes on rehabilitation interventions, assessments and assistive devices should be incorporated into the patient's main health record, following international standards



The patient's main health record should remain with the patient



**Referrals
should include:**



Functional status including mobility, and precautions



Provided and required assistive devices



Requirements for follow-up