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:

- Respiratory care
- Splinting
- Provision of psycho-social support
- Functional education and retraining
- Patient mobilization and assistive devices

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TEAM CONFIGURATION

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

Type 2 + 3 EMTs should have:

- 1 rehabilitation professional for every 20 beds

Demand for rehabilitation fluctuates over time.

Rehabilitation within EMTs can be supported by local personnel.

Nursing staff can also be used to augment rehabilitation capacity.

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What makes up an EMT rehabilitation kit?

Equipment and consumables:
- Tubular compression bandages
- Inpatient wheelchairs
- Plaster cutter and spreader
- Plaster of Paris bandages
- Incentive spirometer
- Walking frames
- Rigid adjustable cervical collars
- Adult and pediatric crutches
- Compression bandages
- Prefabricated ankle and foot orthoses
- Slings
- Stump compression bandages
- Pressure relieving mattresses
- Prefabricated ankle and foot orthoses

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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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The patient’s transition from EMT to home

EMTs should work with patients with long-term impairments, care providers and local rehabilitation personnel to manage ongoing needs.

“An inpatient unit with the capacity to provide interim care for medically stable patients while preparing them for discharge into the community”

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In communities where rehabilitation infrastructure and personnel are under-equipped, local health or community personnel, care-providers and patients should be mentored/coached/trained to ensure sustainable care.

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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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

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