**INSARAG proposed standardized process:**

**Requesting authority to practice for USAR Medical Teams**

**Purpose**

USAR teams have, as an essential function, medical components that are integral to the overall team mission. To be fully successful in contributing to team mission, the USAR medical team must be capable of practicing medicine, within the scope of USAR activities, in the impacted country.

The ability to practice medicine is regulated in very specific ways by each country. Typically, a Ministry of Health (or the equivalent) provides medical licensure to practice medicine. The WHO EMT process has effectively established procedures for gaining acceptance from impacted countries on the ability of foreign EMTs to practice medicine.

This proposed template process is for INSARAG teams deploying to impacted countries. If a donor country does not already have bilateral arrangements or does not have its own process, the following can be utilized to seek acceptance of the ability to practice USAR medicine. The intent is to have clear acceptance of USAR medicine practice and its scope prior to arrival of the team such that they may be employed more effectively and immediately upon arrival.

**Template communication:**

In initial communications with impacted countries regarding the acceptance of USAR teams, it is recommended the following 4 elements be addressed:

1. Brief background statement on USAR medicine

Example language: Delivery of medical care to patients while they are still entrapped in collapsed structures is *an essential humanitarian activity* as disentanglement and rescue can take many hours. The rescue process itself can pose a risk to patients and medical intervention is required to prevent deleterious impacts during and after the rescue process.

1. Clarification of roles

Example language: The [Donor Country Name] USAR medical team is prepared to fulfill the following roles:

* Care of USAR team members themselves in the often austere environment (to include the team search canines)
* Care of individuals entrapped in the rubble
* Other tasks as indicated and requested by the LEMA. These tasks are often referred to as “beyond the rubble” and are to be distinguished from the traditional mission set of EMTs (for which the USAR Team would need to seek registration from the relevant authority and coordination through the EMT CC)

1. Explicit request that impacted country’s Ministry of Health be engaged

Example language: In seeking the ability to practice USAR medicine, [Donor Country] is requesting the [Accepting Authority, e.g. Ministry of Foreign Affairs] obtain temporary permission to practice USAR medicine from the responsible Ministry in [impacted country name] for the duration of the deployment.

1. Offer to provide medical licensure documents:

Example language: Full medical licensure documents can be provided prior to deployment of the medical individuals who will be deploying as part of the USAR team.

Finally, the donor country should request the impacted country respond to indicate level of acceptance of the above requests.

Example language: If the Government of [name of impacted country] agrees to the above, please indicate level of acceptance through means acceptable to you (e.g. email, formal letter of reciprocity provided, etc.)