**Common essential elements of information between USAR Medical Teams and EMTs**

* This list provides data categories that are complementary to both USAR Medical Teams and EMTs while operating in the field
* This list was developed for several reasons:
  + Both EMTs and USAR teams could require this data to be optimally successful during operations. It is proposed that both systems consider this list and begin to develop complementary systems for accumulation and sharing of this data.
  + It is recognized that both systems (and in some cases the Health Cluster) may collect in the field some of the data in these different categories. In order to further complementary procedures, consistency should be explored between the two systems.
  + Through consideration of this type of list, operational procedures and templates can be developed.
* **Data sets of common interest**
  + **Patient related information**
    - Patient treatment information (e.g. medical record)
  + **Impacted country information**
    - General information
      * Endemic infectious disease risks
      * Environmental risks (insects, animals, botanicals)
      * Political/religious/cultural considerations
    - Hazard impacts
      * Health and medical infrastructure impacts
      * Transportation interruptions (roads, mass transit, etc.)
      * Power interruptions
      * Water and sanitation interruptions
      * Communications interruptions
      * Secondary hazards as a result of original impact (e.g. chemical release, radiological release) with associated mapping
    - Capabilities
      * Identification of LEMA
      * Identification of MoH leadership
      * Existing health and medical facility locations, capabilities, contact methods
      * National teams (locations & capabilities)
      * Medical transportation contact methods, locations, capabilities, destinations
  + **Procedures requested by impacted country**
    - Medical reporting methods (patient clinical information, epidemiologic information, other data recovered from the field)
    - Reporting, recovery, and disposition of deceased
    - Disposal of clinical waste
    - Limitations on medical scope of practice
    - Medical donations procedures (e.g. will impacted country request WHO guidelines are followed LINK)
    - Patient hand off procedures
  + **Humanitarian assistance information**
    - EMT locations and capabilities
    - USAR medicine locations and capabilities
    - Health cluster & partners location and capabilities
    - UCC location and contact methods
    - EMT CC location and contact methods
    - General humanitarian relief and information