

32<sup>ème</sup> **CAMU**  
COLLEGE AQUITAIN  
DE MEDECINE D'URGENCE  
**2026**

**1 & 2 AVRIL**

BÂTIR ENSEMBLE L'AVENIR DE LA MÉDECINE D'URGENCE  
BASTIR L'AVIÈNER DE LA MEDECINA D'URGÈNCIA



**BORDEAUX (33)**

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World Health Organization  
CLASSIFICATION AND  
MINIMUM STANDARDS FOR  
**EMERGENCY MEDICAL TEAMS**



# STANDARDS OMS : L'EXIGENCE POUR L'URGENCE HUMANITAIRE

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Délégation Gironde Pompiers  
Solidaires – Référent projet EMT Type 1

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**POMPIERS  
SOLIDAIRES**  
*Agir pour l'avenir*

EMT Type 1 fixe

STRUCTURE

CORE STANDARDS

WASH STANDARDS

CLINICAL  
STANDARDS

PROJET



POUR VOUS :

MISSIONS HUMANITAIRES

D'URGENCE

ÇA ÉVOQUE QUOI ?





## HISTORIQUE : Emergency Medical Team

2010 : séisme Haïti – multiples initiatives

« Le cas haïtien est devenu l'exemple paradigmatique d'une intervention humanitaire majeure mais qui n'a pas été aussi efficace qu'elle aurait pu l'être »\*

OMS => établit des normes

2016 : certificat : standards minimums – qualité



CLASSIFICATION AND  
MINIMUM STANDARDS FOR  
**EMERGENCY MEDICAL TEAMS**

\*[La coordination humanitaire en Haïti suite au séisme de 2010](#)

## Emergency Medical Team : groupes de professionnels :

- Soignants : médecins, IDE, ambulanciers, sage-femmes
- Equipe logistique formée et qualifiée

## Population touchée = victimes d'une urgence ou une catastrophe

- Soins médicaux en situation de crise : tsunami, inondation, séisme, épidémies...

Gouvernements, ONG, armée, protection civile, réseaux humanitaires mondiaux

## Normes minimales définies



VOUS CONNAISSEZ PEUT-ÊTRE L' ESCRIM EMT TYPE 2 ?



## DESCRIPTION

## SERVICES

## CARACTÉRISTIQUES

## INDICATEUR

## HORAIRES

Soins initiaux ambulatoires : blessures, soins primaires communautaires

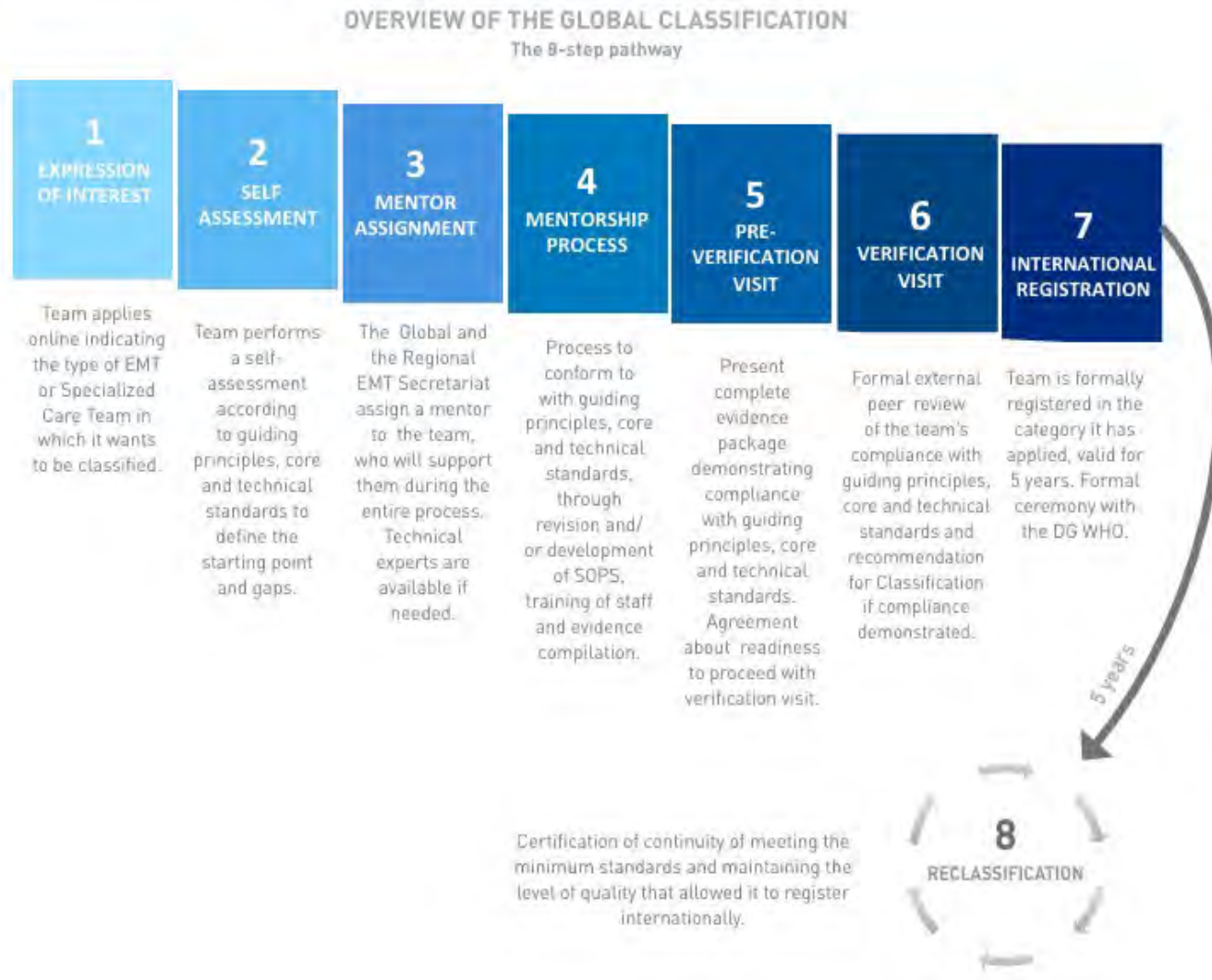
Tri, évaluation, premiers secours, urgences traumatiques et non traumatiques, stabilisation et orientation si urgence vitale, maladies transmissibles et non transmissibles, santé reproductive

Structure d'installation légère : propres installations ou utilisation de structures existantes

100 patients par jour

Ouverture la journée, pas d'astreinte

## PROCESSUS



- 1- MANIFESTATION D'INTÉRÊT
- 2- AUTO-ÉVALUATION
- 3- ASSIGNATION MENTORS
- 4- PROCESSUS MENTORAT
- 5- VISITE PRÉ-VÉRIFICATION
- 6- VISITE DE VÉRIFICATION
- 7- ENREGISTREMENT INTERNATIONAL
- 8- RECLASSEMENT

*HUMANITÉ  
NEUTRALITÉ  
IMPARTIALITÉ  
INDÉPENDANCE OPÉRATIONNELLE*



**MENTORS**

1 Médecin + 1 logisticien  
définis par l'OMS

**RESPONSABLES ADMINISTRATIFS**

Président  
Secrétaire  
Salariés



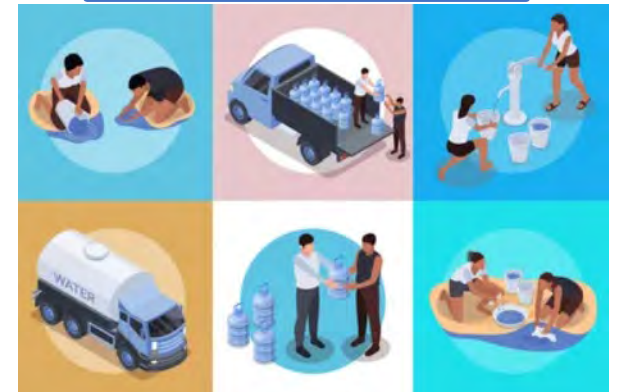
**LOGISTICIENS**



**SOIGNANTS**



**POTABILITÉ**



# GRILLE DE SUIVI



## TEAM GLOBAL CLASSIFICATION FOLLOW UP GRID - TYPE 1 FIXED

### ORGANIZATION DETAIL

Team  
Region   
Country  
Mentor Name

### Organization Headquarters Contact

Name :  
Email :  
Phone :  
Position :

### Organization Operations Contact

Name :  
Email :  
Phone :  
Position :

### Mail List

mail1  
mail2  
mail3

### PATHWAY STEP #4 MENTORSHIP PROCESS

Descriptor: Process to conform to with guiding principles, core and technical standards through revision and/or development of SOP, training of Staff and evidence compilation

	VALIE	STATUS	% Completed
STEP #1 EXPRESSION OF INTEREST	2%	COMPLETED	2%
STEP #2 SELF ASSESSMENT	5%	COMPLETED	5%
STEP #3 MENTOR ASSIGNMENT	3%	COMPLETED	3%
STEP #4 MENTORSHIP PROCESS	65%	IN PROGRESS	3%
<b>TOTAL</b>			<b>13%</b>

### GUIDING PRINCIPLES

Guiding Principles	2%	IN PROGRESS	0,00%
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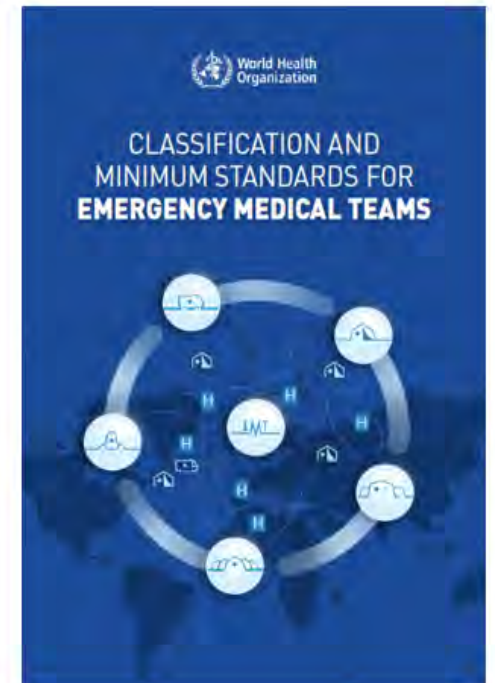
### CORE STANDARDS

Administration & Organizational Management	13%	IN PROGRESS	0,00%
Human Resources		IN PROGRESS	0,00%
Professional Licencing conduct		IN PROGRESS	0,00%
Training of Teams		IN PROGRESS	0,00%
Coordination of EMTs		IN PROGRESS	0,00%
Field Team Management &		IN PROGRESS	0,00%
Records and Reporting		IN PROGRESS	0,00%
SUPPORT WIDER PUBLIC		IN PROGRESS	0,00%
SUPPORT NATIONAL & LOCAL		IN PROGRESS	0,00%
SELF SUFFICIENCY		5%	IN PROGRESS

### TECHNICAL STANDARDS

CLINICAL TECHNICAL STANDARDS	20%	IN PROGRESS	3%
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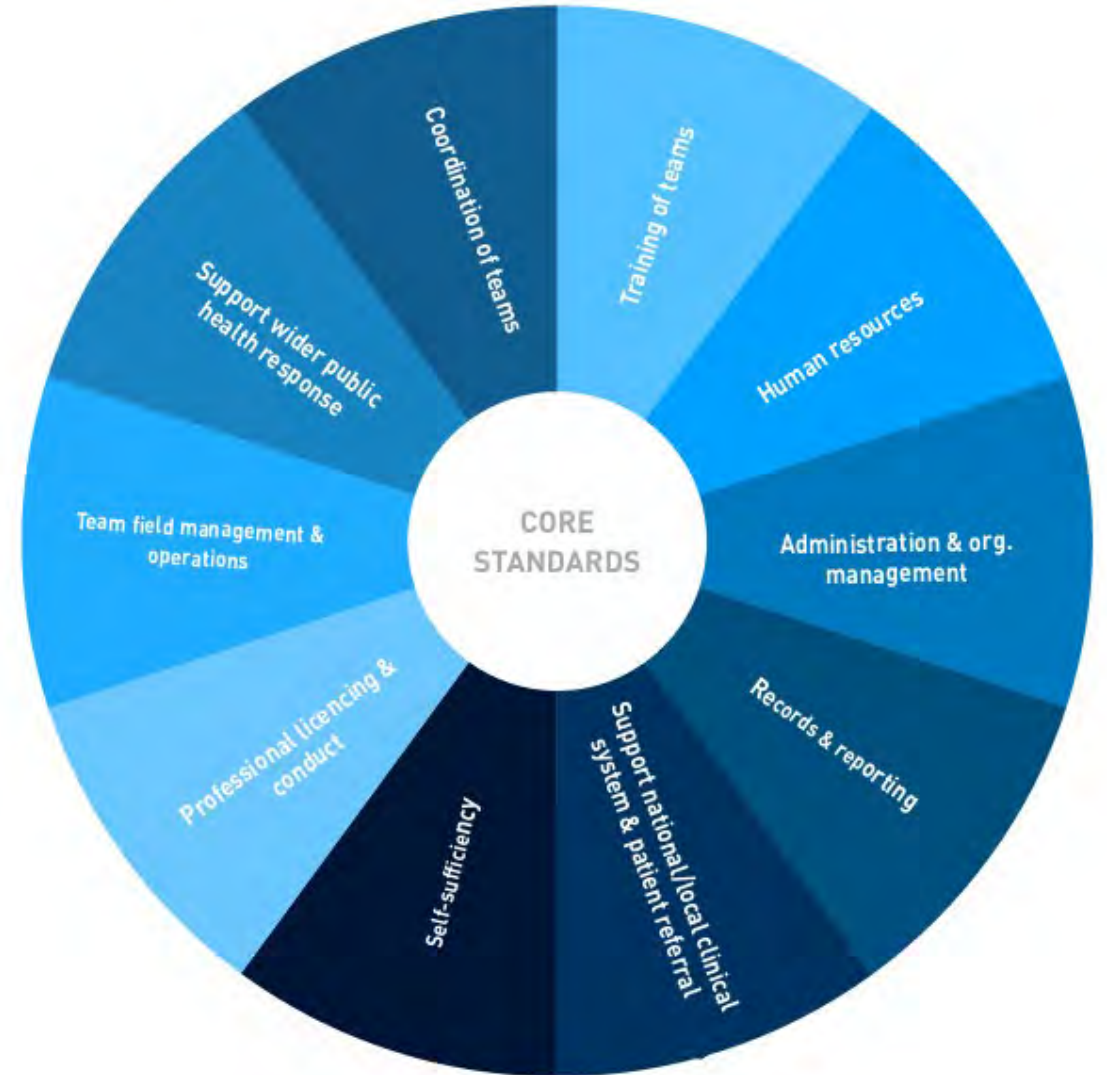
- TYPE 1 FIXED  
 TYPE 1 MOBILE  
 TYPE 1 FIXED AND MOBILE  
 TYPE 2  
 TYPE 3  
 SPECIALIZED CARE TEAM (SCT)  
 Please specify the SCT:



# HÉTÉRO ÉVALUATION

	Indicator	% Value				% COMPLETED
<b>Core Standards</b>	<b>CORE STANDARDS COMPLIANCE</b>	18%				0%
<b>Administration &amp; Organizational Management</b>	<p>Governments and organizations that deploy EMTs must have an administration and management system in place to ensure the policies, strategy and leadership of their organization is set up in such a way as to be able to form, finance and safely deploy an EMT within the time frames they have declared.</p> <ul style="list-style-type: none"> <li>* Policies and documentation</li> <li>* Organizational leadership</li> <li>* Finance and fundraising</li> <li>* Risk management, safety and security (at institutional level)</li> <li>* Remote support for deployed teams</li> <li>* Support to team members and their families</li> <li>* External liaison, media and communications</li> <li>* Organizational learning and after-action reviews</li> </ul>	1,44%	Not started <input checked="" type="checkbox"/>	In Progress <input type="checkbox"/>	Mentor OK <input type="checkbox"/>	0,00%
<b>Human Resources</b>	<p>Human resources (HR) make up the most valuable part of any EMT. A HR management system must be in place for an EMT to be operational and to ensure appropriate duty of care to its members. The EMT must have policies and procedures in the phases of pre-deployment, on deployment and post deployment on staff recruitment, health screening, insurances etc. Team members should be asked to sign and respect a code of conduct. Policies on remuneration (or lack thereof), insurance (or equivalent) and indemnity cover for deployment should be clearly explained in the recruitment phase.</p>	1,44%	Not started <input checked="" type="checkbox"/>	In Progress <input type="checkbox"/>	Mentor OK <input type="checkbox"/>	0,00%

- ❖ COORDINATION DES ÉQUIPES
  - ❖ RESSOURCES HUMAINES
  - ❖ DOSSIERS ET RAPPORTS
  - ❖ AUTOSUFFISANCE
- ❖ GESTION DE L'ÉQUIPE SUR LE TERRAIN ET OPÉRATIONS
  - ❖ FORMATION DES ÉQUIPES
  - ❖ GESTION ADMINISTRATIVE ET ORGANISATIONNELLE
- ❖ SUPPORT AU SYSTÈME CLINIQUE NATIONAL
- ❖ LICENCE PROFESSIONNELLE ET CONDUITE



## QUELLES ORGANISATIONS FONT LA DEMARCHE DE DEMANDE D'AGREMENT EMT TYPE 1 ?



## LEURS FORCES ?

- SAUVETAGE DEBLAIEMENT
- WASH



## WA : WATER

Norme 15 L/patient/jour

- Source d'eau sécurisée identifiée
- Traitement et contrôle qualité de l'eau
  - Stockage adéquat
- Analyse bactériologique régulière



## S : SANITAIRES

Norme 1 toilette/20 patients

- Séparation homme/femme
- Toilettes adaptées mobilité réduite
- Collecte et évacuation des déchets solides
- Fossé de drainage eaux usées



## H : HYGIÈNE

Norme prévention contrôle infection

- Points lavage des mains
  - DASRI
- Désinfection surfaces et matériel
- Formation du personnel, précautions standard

EMT Type 1 fixe

STRUCTURE

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24 NORMES CLINIQUES

1. ÉVALUATION INITIAL ET TRIAGE

2. ÉVALUATION, RÉANIMATION ET STABILISATION 13. SOINS INTENSIFS

3. ORIENTATION

4. SOINS DES PLAIES

5. BRÛLURES

6. FRACTURES

7. LÉSIONS MÉDULLAIRES

8. MALADIES TRANSMISSES

9. MALADIES NON TRANSMISSES

10. SANTÉ REPRODUCTIVE

NÉONATALE

11. SANTÉ DE L'ENFANT

12. ANALGÉSIE ET ANESTHÉSIE



BEAUCOUP DE TRAVAIL

24. NRBC, TOXICOLOGIE

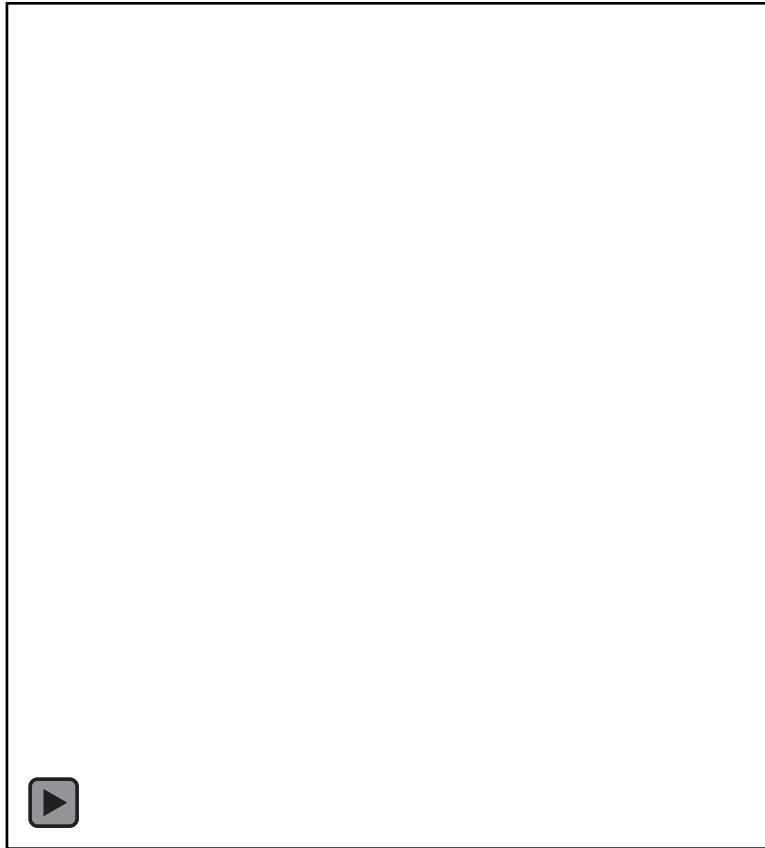
RE

PSYCHOSOCIAUX

LES

TRÔLE

SINS PRIMAIRES



**DÉVELOPPER LES SOP POUR  
CHAQUE NORME CLINIQUE**

<b>SOP CLINICAL STANDARD : 1 – ÉVALUATION INITIALE ET TRIAGE – EMT Type 1 Fixe</b>	
<b>INFORMATIONS GENERALES</b>	Version :
	Date d'application :
	Responsable médical :
	Autorité de validation :
<b>EQUIPEMENTS</b>	<i>Objectif : décrire les équipements nécessaires</i>
	Liste des équipements
	Notices
	Quantité
	Maintenance et vérifications
	Nettoyage et désinfection
<b>MATERIEL</b>	<i>Objectif : lister le matériel et les consommables</i>
	Stock minimum
	Rotations
	Traçabilité des lots et dates de péremption
	Conformité liste OMS des Médicaments Essentiels
<b>PERSONNEL HABILITE</b>	Personnel autorisé : fonction, qualification, actes autorisés
	Formation préalable validée
	Autorisation écrite responsable médical
	Maintien des compétences
<b>DIRECTIVES CLINIQUES</b>	Algorithmes décisionnels
	Protocoles
	Référentiels nationaux utilisés
<b>LIMITES DE PRISE EN CHARGE</b>	Critères de transfert
	Procédures d'évacuation
<b>VALIDATION ET SUIVI</b>	Nom/Fonction valideur
	Signature
	Date
	Prochaine révision prévue

**EMTs should have the capability to manage initial presentations of burn-injured patients including burn mass casualty incidents, rule out other major injuries and begin appropriate burns care while waiting for transfer to a burns centre or other facility.**

The nature of burn injuries often results in a protracted clinical journey for the patient, commonly resulting in long-term health consequences affecting function, quality of life and mental health. EMTs must be capable of offering initial care to burn-injured patients including the appropriate triage, first aid, secondary and tertiary assessments and treatment, such as appropriate dressings, pain relief and fluid management as indicated. All EMTs must be aware of the local and national protocols for burns care, and the appropriate referral pathways for burns patients in their area of work.

### MINIMUM TECHNICAL STANDARD

1. All EMTs can ensure burn care and referral

#### Type 1 Mobile

- Triage and institute burns first aid and provision of pain relief.

#### Type 1 Fixed

- Treat superficial burns of up to 5% TBSA (no surgery).
- Provide burns >5% TBSA with pain relief, cleaning, dressings and refer to higher level of care according to local burns referral policies.

#### Type 2

- Treat burns of up to 20% TBSA
- < 20% TBSA: surgical scrub, fluids (oral and intravenous), limb positioning, excision and grafting, emergency procedures, nutritional support and early rehabilitation.

#### Type 3

- Treat all burns > 20% TBSA
- Manage burns to face, hands, perineum, genitals and soles of feet
- Burns specialist teams may be required to supplement Type 3
- Context may require referral to burns specialist centre(s)

2. If early excision and grafting is undertaken at the facility, the patient's care should continue, and transfer should occur only if the clinical course deteriorates.

## Standards and recommendations for burns care in mass casualty incidents

### Emergency Medical Teams



### 5.1.17 Palliative care

**EMTs provide palliative and end-of-life care that relieves pain and suffering, maximizes the comfort, dignity and quality of life of patients and provides support to family members.**

EMTs should focus not only on treatment of acute injuries, illnesses and symptom relief, but also on providing continuity of care for people with chronic conditions and assuring the comfort and dignity of patients not expected to survive. Palliative care is the prevention and relief of suffering and distress associated with end-of-life care. It includes identifying, assessing and treating pain as well as other physical, psychosocial and spiritual needs. It integrates physiological, psychological and spiritual care based solely on patient or family request and includes support systems to help patients, families and caregivers. This end-of-life care should be provided regardless of the cause.<sup>42</sup>

#### MINIMUM TECHNICAL STANDARD

1. Palliative care considerations
  - Recognize and respect local ways of making medical decisions and local values related to illness, suffering, dying and death.
  - Include palliation for conditions related to the disaster as well as chronic conditions, which might have worsened.
  - Develop guidelines and internal procedures to support consistent palliative care.
  - Provide unbiased information and respect patient and relative requests and expectations. A care plan should be agreed upon and be based on patient preferences. The patient has access to mental health and psychosocial support.
  - Train staff to provide palliative care, including pain and symptom control, mental health and psychosocial support.
2. Initial palliative care with referral
  - Pain management, including opioids in accordance to local regulations, counselling for patient and family respecting cultural aspects and continued outpatient treatment.

## Integrating palliative care and symptom relief into the response to humanitarian emergencies and crises

A WHO guide





# TROUVER DES PARTENAIRES



DONATEURS

ASSOCIATIONS



ORGANISMES

Transfert d'Urgence de L'Industrie Pharmaceutique



L'association

EMT Type 1 fixe

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## TAKE HOME MESSAGE :

**E**QUIPE À 3 SPÉCIALITÉS : LOGISITIQUE, WASH, CLINIQUE

**M**OTIVATION : GARDER LE CAP MALGRÉ LA CHARGE DE TRAVAIL

**T**RAINING : S'ENTRAÎNER

**1** MÊME OBJECTIF : SOLIDARITÉ

REJOIGNEZ-NOUS POUR L'AVENTURE : 18/19/20 SEPTEMBRE 2026

MERCI POUR VOTRE  
ATTENTION

