



The Red Channel Agreement: Standards, quality assurance and coordination

A guidance document regarding the collaboration between International Federation of Red Cross Red Crescent Medical Emergency Response Units and the World Health Organization Emergency Medical Team Initiative

Aim and purpose

This document provides guidance on standards, quality assurance and coordination of medical Emergency Response Units to:

- Red Cross Red Crescent National Societies engaged in international humanitarian assistance
- Red Cross Red Crescent National Societies receiving assistance
- Regional and Country offices of the IFRC and the WHO EMT Initiative
- The EMT Network

Scope

This document briefly describes the registering, quality assuring, mobilizing, and evaluating of medical Emergency Response Units (ERUs) of the Red Cross and Red Crescent National Societies. The document focuses on clinical assistance in sudden onset disasters and in epidemic response, particularly in relation to World Health Organization's classification, standards, and coordination system of Emergency Medical Teams (EMT). Medical ERUs or other Red Cross Red Crescent medical teams will not be deployed to armed conflict through this IFRC-facilitated mechanism.

The guidance and recommendations in this document are based on the contents of:

- IFRC Constitution
- Statutes of The International Red Cross and Red Crescent Movement
- Principles and Rules for Red Cross Red Crescent Humanitarian Assistance
- Standard Operating Procedures for Emergency Response Units
- The Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations in Disaster Relief
- The Memorandum of Understanding between The International Federation of Red Cross and Red Crescent Societies and The World Health Organization regarding the cooperation in the implementation of the Emergency Medical Team (EMT) Initiative
- The Classification and Minimum Standards for Emergency Medical Teams and other technical guidance documents published under the EMT Initiative

In most large-scale emergencies, humanitarian assistance is mobilised by multiple agencies, and coordination may take place on multiple levels and layers including clusters and specialised agencies with particular mandates. Guidance for these and other subspecialties of humanitarian coordination is beyond the scope of this guidance document and can be found in other publications.

Introduction

The International Federation of Red Cross Red Crescent Societies

The International Federation of Red Cross and Red Crescent Societies is the world's largest volunteer-based humanitarian network. With our 192 member National Red Cross and Red Crescent Societies worldwide, we are in virtually every community reaching 160.7 million people annually through long-term services and development programmes, as well as 110 million people through disaster response and early recovery programmes. We act before, during and after disasters and health emergencies to meet the needs and improve the lives of vulnerable people. We do so with impartiality as to nationality, race, gender, religious beliefs, class and political opinions. Guided by Strategy 2030 – our collective plan of action to tackle the major humanitarian and development challenges of this decade – we are committed to saving lives and changing minds. Our strength lies in our volunteer network, our community-based expertise and our independence and neutrality. We work to improve humanitarian standards, as partners in development, and in response to disasters. We persuade decision-makers to act at all times in the interests of vulnerable people. The result: we enable healthy and safe communities, reduce vulnerabilities, strengthen resilience and foster a culture of peace around the world.

The IFRC abides the Fundamental Principles of the International Red Cross and Red Crescent Movement, the Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief, the Principles and Rules for Red Cross and Red Crescent Humanitarian Assistance, and other RCRC Movement rules and policies, and all applicable domestic and international laws and regulations.

Delivering medical assistance in crisis is one of the core activities of all parts of the Red Cross Movement since the International Committee was founded in 1864.

WHO and the EMT Initiative

In many recent disasters, international medical relief teams have arrived at the crisis location to provide emergency care to patients with trauma, injuries and other life-threatening conditions. In many cases, the deployment of these teams has not been based on the needs of the situation, and there has been significant variation in capacities, competencies, and professional ethics of these teams.

Recognizing that good intentions are not enough, there is a need for an initiative to enhance emergency preparedness and promote rapid, high quality, coordinated and efficient deployment. This is where the WHO EMT initiative is applicable.

The WHO EMT Initiative supports WHO's Member States, NGOs and International Organizations by setting minimum standards, identifying best practice and providing

quality assurance and operational field coordination. The purpose and mission of the initiative with its related classifications and standards, is to improve the effectiveness, timeliness and quality of surgical, trauma and clinical care. This ensures a people centred approach provided by EMTs in the early aftermath of a disaster or epidemic, which often leads to an increase demand on medical services.

EMT Coordination supports the Member States affected by a sudden onset disaster or an outbreak, upon request of the Member State which seeks international medical team assistance for the care of its affected population.

IFRC has been part of the process of establishing EMT standards since the beginning in 2010 (at the time called FOMETAG – Foreign Medical Teams Advisory Group, later “the FMT initiative, and since December 2015 the EMT Initiative). The current version of classification and minimum standards, widely known as the ‘Blue Book’ were published in mid-2013. An updated version of the [Blue Book](#) will be released in mid-2021.

To facilitate quality management of EMTs, WHO in Geneva has developed a global Directory of quality assured providers of EMTs. The Directory is based on the agreed classification system that specifies levels of care and capabilities of teams. The information in the Directory is accessible to partners including host countries, donors, and if circumstances permit, to the public.

The Red Channel Memorandum of Understanding

IFRC continues to follow the global implementation as well as the further development of the standards by representing the Membership in the Global EMT Strategic Advisory Group and in various technical Working Groups

IFRC and WHO have signed a Memorandum of Understanding (MoU) called ‘the Red Channel Agreement’ regarding the cooperation in the implementation of the Emergency Medical Team Initiative. The objective of the MoU is to:

- Work collaboratively towards the shared desire to better meet healthcare needs of populations in times of natural disasters and public health emergencies.
- Classify and acknowledge the Federation's ERUs as EMTs through the Federation's own internal classification processes, aligned with EMT classification and core standards.

As part of the MoU, IFRC and ERUs are invited to participate in relevant WHO EMT trainings, such as EMT awareness and capacity building trainings, EMT coordination trainings, and simulation exercises.

Guiding Principles and Standards

IFRC has adopted the Global EMT guiding principles and core standards for its medical response in disasters and crises. The standards are promoted in global and regional technical working groups and advisory bodies chaired by IFRC, as well as in trainings and workshops with IFRC engagement.

IFRC has committed to comply with the **core standards** (below). Also, each Red Cross Red Crescent Medical Emergency Response Unit must comply with the **minimum technical standards** for the service per type of care. The technical standards are considered the minimum acceptable. Teams are encouraged to meet **recommended technical standards** where feasible and as appropriate in the context of deployment.

Global EMT Guiding Principles (summary)

Guiding principles acknowledge the humanitarian principles and do not seek to reframe or re-write them, rather they should be complimentary. All ERUs no matter what type, must comply with these principles. Guiding principles that govern the practice of ERUs and the individuals within them include:

Quality Care: The ERU provides safe, timely, effective, efficient, equitable and people centred care.

Appropriate Response: The ERU offers a “needs driven” response according to the context and type of emergency.

Accessible Care: The ERU adopts a human rights-based approach to their response and ensures they are accessible to all sections of the population affected by the emergency, particularly the vulnerable and those requiring protection.

Ethical Care: The ERU undertakes to treat patients in a medically ethical manner at all times.

Accountable Care: The ERU commits to be accountable to the patients and communities they assist, the host government and MoH, their own organisation and donors.

Coordinated Response: The ERU commits to a coordinated response under the designated national health emergency management authorities Emergency Operations Centre (EoC) or incident management system equivalent and collaborate with the national health system, their fellow ERUs, and the international humanitarian response community where relevant.

COORDINATED RESPONSE

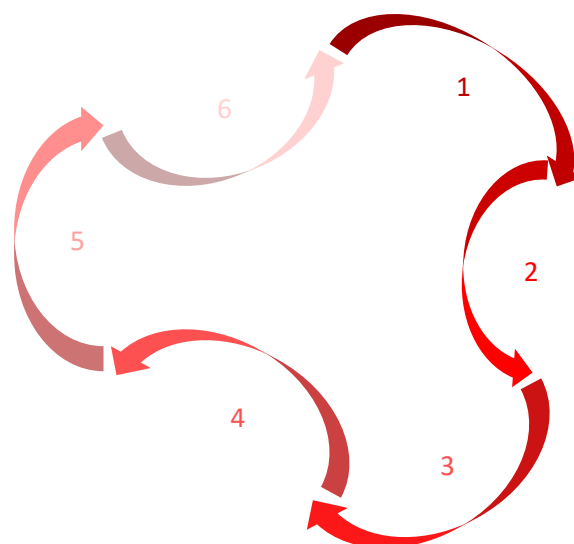
Coordinated response under the national health emergency management authorities and across all levels of the health system to ensure continuity of care. Collaboration with the national health system, their fellow responders, and the international humanitarian response community where relevant.

APPROPRIATE RESPONSE

Needs driven response according to context and type of emergency, and respectful of the communities' values and beliefs.

ACCOUNTABLE RESPONSE

Commitment to be accountable to patients and communities, the host governments, MoH, and donors.



SAFE CARE

Avoid unnecessary harm to patients from care that was supposed to help them.

EQUITABLE CARE

Care is equally accessible and provided to all sections of the population affected by the emergency, particularly the vulnerable and those requiring protection.

ETHICAL CARE

Patients are always cared for in a medically ethical manner and care is based on scientific evidence.

Global EMT Core Standards (summary)

Administration & Organizational Management: ERUs will maintain administrative and management systems that allow them to rapidly and safely deploy teams and maintain Headquarters office support from their home base throughout missions.

Human Resources: ERUs have a system in place to ensure staff are recruited, screened and are readily deployable. Staff have access to preventative measures to decrease risk of ill health on deployment and arrangements are in place for care of team members during deployment and for evacuation and aftercare if required. EMTs must ensure their policies regarding human resource management promote protection of the vulnerable through adequate police checks and other measures.

Training of teams: ERUs will ensure they have a training and learning programme in place either by directly training staff or combining this with out-sourcing to training providers and recognizing prior learning. EMTs must also have a system of identifying and providing mentorship to those identified as future technical and team leaders. It should allow systematic escalating complexity and seniority of role.

Professional Licencing & Conduct: ERUs should have systems in place to ensure all staff are licensed for the practice they will undertake while deployed. They must have an ability to accept complaints, investigate and correct the outcomes of such complaints and a medical indemnity system for all clinical staff. All international teams must have medical indemnity cover for all clinical staff, national teams must have cover when relevant to their context.

Coordination of Teams: ERUs agree to be part of a coordinated response using agreed national (and if relevant, international) mechanisms to offer support to the affected area, deploy only if accepted, register on arrival and continue to coordinate in the field throughout their deployment.

Team Field Management & Operations: ERUs must be able to manage their day to day operations while deployed including managing their own safety and security, critical incident management and liaison with relevant local authorities and the media.

Records & Reporting: ERUs will keep confidential patient records of interventions, clinical monitoring and any complications of care received, with a copy available to the patient. They will report regularly and prior to departure to the relevant local health authorities using national reporting forms or, if not available, the agreed EMT minimum data set (MDS). Teams undertake not to conduct research without appropriate consent of the patient and ethical board approval from national authorities.

Classification and Quality Assurance

As a service to the Membership, IFRC leads a medical ERU classification review and a quality assurance process for Red Cross Red Crescent National Societies, corresponding to the WHO-led EMT accreditation. Steps in the classification process follow the steps and standards of the process led by WHO for non-Red Cross Movement EMT providers. The roadmap of the process from self-declaration to peer review, clinical audits and after-action reviews linked to a quality framework is under development by IFRC.

National Societies wishing to initiate the classification process start by contacting IFRC; see infographic below for steps.

Pre-registration

The WHO Emergency Medical Team Secretariat maintains a Directory of classified EMTs. An account in the Directory is by application only and only for organisations, not individuals or any individual member of an EMT.

On behalf of its Membership, the IFRC is registered in the WHO EMT Directory as an EMT provider through the Red Channel MoU. The Emergency Health Team at the IFRC Geneva HQ manages the account. Services to the Membership from IFRC regarding the registration and quality review include:

- Making regular capacity statements on behalf of the whole Membership to the Directory;
- Maintaining regular communication with the ERU providing National Societies to ensure updated information about capacity and classification.
- Coordinating the IFRC classification review and an internal process for quality assurance;
- Acting as the point of communication with the EMT Secretariat;
- Ensuring information sharing;
- Being the advocate and the representative of the whole Membership towards the WHO EMT Secretariat, and
- Representing the whole Membership in the EMT Global Strategic Advisory Group.

The purpose of the WHO EMT Directory is to ensure a transparent quality assurance process ensuring EMTs are compliant with international standards. A capacity statement from IFRC to WHO:

- Does **not commit** any National Society to deployment; it is not a readiness statement, and the deployment of any Red Cross Red Crescent medical ERU is a result of an IFRC led mobilisation and coordination process with the receiving National Society as a key stakeholder.
- Does **not guarantee** any National Society a deployment; the deployment of RCRC Medical ERUs is based on – beyond the *Principles and Rules for Humanitarian Assistance* – the ERU Standard Operating Procedures. The ERU SOP use criteria such as geographic proximity, language skills available, matching clinical service

capacity, interoperability and willingness to joint deployment, deployment track record, and, lastly, a consensus in the Membership.

Deployment

It is paramount to ensure that the decision-making process related to the deployment of any Red Cross Red Crescent ERU is guided by the *Fundamental Principles* and the *Principles and Rules for Humanitarian Assistance*. Keeping the National Society in the receiving country informed and engaged in the decision-making at every stage of the response is mandatory. A National Society willing to provide a medical ERU should only accept a deployment order that is a result of a fully transparent process of negotiation involving the receiving country's National Red Cross Red Crescent Society. A deployment order with terms of reference issued by the IFRC guarantees that a consultative process has taken place. A deployment order or request from a non-Movement organisation such as a United Nations agency is unreceivable to a Red Cross Red Crescent National Society.

On-site registration and coordination

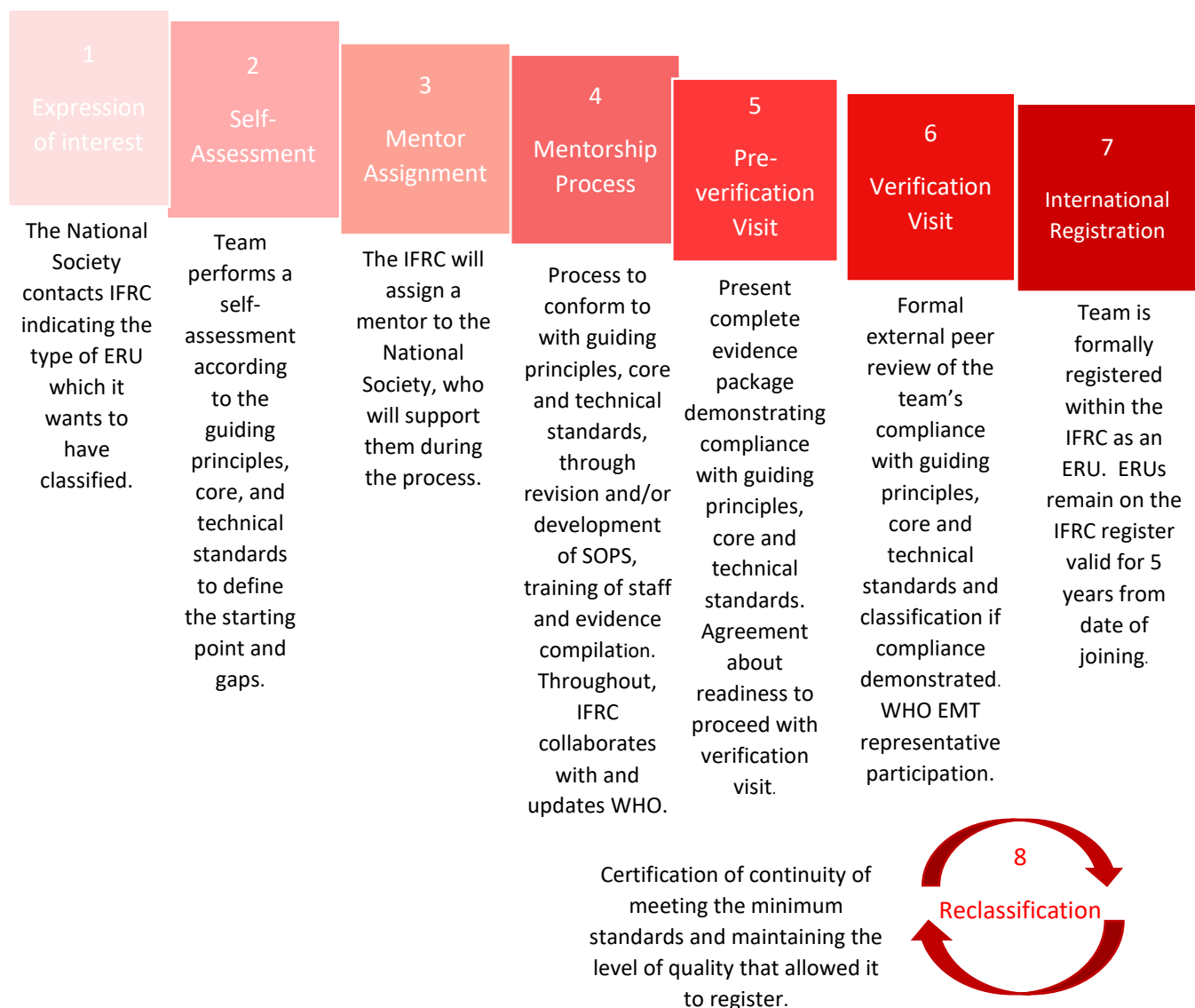
IFRC's goal for the on-site coordination is to ensure consistent and effective communication with the health authorities and any EMT coordination cell established, keeping the National Red Cross Red Crescent Society in the centre of operational decision making and planning.

The RDC/EMTCC/OSOCC¹ at the Port of Entry will be informed about arriving Red Cross Red Crescent medical ERUs by the IFRC, or the National Society focal point mandated to coordinate the health response in the Red Cross Red Crescent operation. Good coordination of Red Cross Red Crescent ERUs in the field is a collaborative effort of the National Society in the country, the national health authorities, the humanitarian coordination functions specific to the emergency in question, and the operational leadership of the Red Cross Red Crescent operation where several Movement partners may be represented. For specific reporting lines and communication in the emergency operation, the Team Leader of the medical ERU should adhere to the Terms of Reference issued for the deployment by the IFRC Secretariat. Coordination of medical ERUs is typically a function allocated to an IFRC Health Coordinator, often working closely together with a Health Manager of the National Society.

Information about the provider, classification of services, operational parameters and team composition will be recorded by the IFRC operations manager or health coordinator in the country. This information is shared with the National Society, the health authorities of the country/EMTCC, Movement coordination, the RDC/OSOCC and the Health Cluster. Individual patient referral forms, periodic reporting, disease surveillance data and consolidated lists of referrals are examples of reporting that is provided directly from the medical ERU Team Leader to the National Health Information Management System or the Health Cluster, as well as to the Red Cross Red Crescent operational lead.

¹ In many disasters there is a need to establish a Reception and Departure Centre (RDC) as a part of the OSOCC. The RDC are usually located at the arrival point of international relief teams and relief items to facilitate and coordinate their arrival and further deployment.

IFRC ERU Classification Process



Throughout the entire process, close collaboration and information sharing between IFRC GVA and the EMT Secretariat.

For more information

About Red Cross Red Crescent Emergency Medical Services and/or the Memorandum of Understanding between IFRC and the WHO Regarding the cooperation in the implementation of the Emergency Medical Team (EMT) Initiative:

IFRC: emergency.health@ifrc.org

WHO: emteams@who.int

About IFRC;

<https://media.ifrc.org/ifrc/>

About WHO EMT Initiative:

<https://extranet.who.int/emt/>

Acronyms:

EMT – Emergency Medical Team

EMTCC – Emergency Medical Team Co-ordination Cell

EoC – Emergency Operations Centre

ERU – Emergency Response Unit

IFRC – International Federation of Red Cross and Red Crescent Societies

MoH – Ministry of Health

MoU – Memorandum of Understanding

NGO – Non-Governmental Organisation

OSOCC – On Site Operations Control Centre

WHO – World Health Organisation

IFRC-WHO Red Channel Agreement FAQs

| | Question | Answer |
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| 1 | What is the Red Channel agreement? And why is it important? | <p>The Red Channel agreement is an MoU (memorandum of understanding) between WHO and the IFRC to strengthen the delivery of health and emergency medical services by the IFRC medical ERUs during humanitarian crisis.</p> <p>This is important so that the IFRC medical ERUs are formally aligned (and recognized as such) with those of the WHO EMT global classification system. In doing so, this allows the IFRC ERU's to be recognized within the EMT network and thus improve technical standards, accountability and coordination. This is part of a wider IFRC Patient Safety and Quality of Care initiative aimed at improving and assuring the quality of the clinical services IFRC delivers.</p> |
| 2 | What is the difference between an EMT and an ERU? | <p>EMT stands for 'emergency medical team' and is a term coined by the WHO (World Health Organization) EMT initiative to describe medical teams. EMTs are defined as groups of health professionals, such as doctors, nurses, paramedics, support workers and logisticians, treating patients affected by an emergency or disaster. ERU is an IFRC term that stands for 'emergency response unit.' There are several types of ERUs (including WASH, Health, IT etc) which can be deployed on short notice in response to emergencies. There are several configurations of medical ERUs; the Red Cross Red Crescent Emergency Clinic ERU corresponds to a WHO EMT Type 1 whereas the Red Cross Red Crescent Emergency Hospital ERU corresponds to a WHO EMT Type 2.</p> |
| 2 | What is the Blue Book? Where can I access it? | <p>The Blue book is a WHO document that outlines the minimum standards that are required for various types of EMTs. The Red Channel Agreement states that internationally deployed Red Cross Red Crescent Emergency Clinics and Red Cross Red Cross Emergency Hospitals meet or exceed these standards. The Blue Book has undergone extensive revision and the new version will be released in mid 2021. Once finalized it will be readily available online.</p> |
| 3 | Our National Society has deployed medical ERU's for 20 years – what's the point in making the validation? | <p>If you have been deploying for 10 years, your ERU most likely already meet or exceed the standards. The validation is a helpful process that guides your National Society in ensuring you have all the proper documentation and processes in place, and that the various standards are well understood by your staff and delegates.</p> |
| 4 | How does the Red Channel change the way ERUs are deployed? | <p>The Red Channel does not change the way ERUs are deployed. ERUs continue to be coordinated and deployed through IFRC using existing SOPs. The Red Channel formalizes the collaboration with WHO that has been in place for years, defining the division of labour and responsibilities.</p> |
| 5 | Can I share the Guidance document with my government/donors? | <p>Yes. Also, feel free to reach out to the IFRC if further information is required.</p> |

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| 6 | What is the WHO EMT Directory? | The EMT directory is a database maintained by the WHO EMT Secretariat with the list of classified EMTs. The IFRC will maintain a parallel list for RCRC ERUs. |
| 7 | Why can't my National Society enter the EMT Directory directly? | Through the Red Channel Agreement between IFRC and WHO, RCRC ERUs will be validated internally and will sit on the IFRC ERU Directory. The EMT Directory is maintained and managed by WHO, a UN agency: having individual National Societies on this list would be inconsistent with our fundamental principles. |
| 8 | Are we going to abandon the name ERU and use EMT instead? | No. ERU is the RCRC brand which is well known, is larger than medical ERUs, and is understood and recognized across the globe. Our medical ERUs will meet or exceed EMT standards but will be labelled using existing Red Cross Red Crescent terminology. |
| 9 | Why is my National Society's name not listed in the WHO Directory? | Individual National Societies are not listed in the WHO Directory. Instead, IFRC is named as an EMT provider and provides regular aggregated capacity statements. For IFRC and Membership National Societies to remain neutral and independent, WHO will not request individual ERUs but instead will direct their request to the IFRC who will coordinate the RCRC response through existing deployment mechanisms. |
| 10 | Are we going to get Deployment Orders from the WHO in the future? | No. Deployment orders for ERUs come from the IFRC. By the Principles and Rules for RCRC Humanitarian Assistance no ERU shall be deployed by or shall be subordinate to any UN organization. The Request for Assistance comes from the country and the role of the EMT Secretariat is to disseminate and facilitate deployment. The MoU outlines how we collaborate during this process. |
| 11 | My NS deploys mobile clinics domestically. Do we need to be validated by IFRC to continue this work? | No. The IFRC does not interfere with your domestic work as this is part of your auxiliary role with your government. That said, the tools used for ERUs may be useful for you in your domestic work, and you are welcome to use them. |
| 12 | My National Society only has WASH ERUs. Whom should we talk to? | The Red Channel Agreement between IFRC and WHO concerns medical ERUs. For quality assurance and standards in other areas please reach out to emergency.health@ifrc.org who will direct you to the correct person(s). |
| 13 | Will the IFRC validation benefit NS to establish credibility within country/among other organization with medical teams. (Military, MOH medical teams etc) | The Red Channel Agreement states that the IFRC validation follows the same quality standards as the WHO –led EMT mentoring and validation. IFRC will only mentor and classify Red Cross Red Crescent ERU teams. While technical advice will be provided to any National Society, we will first focus on getting the medical Emergency Response Units for international assistance reviewed and accredited. |
| 14 | Does the Red Channel agreement formalised collaboration mean there will be WHO personnel, WHO logistics deployed in RCRC ERUs? | No. The MoU formalises the collaboration and coordination between IFRC and WHO EMT Initiative that has existed for years and does not mean that WHO personnel or assets will in any way be deployed as part of RCRC ERUs. ERUs will continue to deploy as independent, neutral, global surge tools at the request of host National Societies and as per a deployment order issued by IFRC Geneva. |

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| 15 | What is the Red Book and how does it relate to the Blue Book? | The Red Book introduces additional verification requirements for EMTs preparing for or involved in responding to health emergencies in armed conflict and other insecure environments. The two texts should be viewed as a continuum, with the baseline requirements of a response captured in the Blue Book and the additional requirements of a response in armed conflict and other insecure environments captured in the Red Book. Although RCRC ERUs deploying through IFRC mechanisms are welcome to adhere to guidance found in the Red Book, it is outside the scope of the Red Channel agreement. |
| 16 | Through the new MoU, will ERU's be deployed by WHO or other UN bodies? | No. ERUs can only be deployed internationally through the existing IFRC mechanisms. They cannot and will not be deployed by WHO or other UN bodies. |
| 17 | My NS wants to develop an ERU, but we do not have the funding or capacity to meet the minimum standards. Can we deploy anyway? | We recommend that you seek collaboration with another RCRC National Society to make use of your resources in an innovative way. You could provide staff for joint deployments and with growing experience you would build a competent pool of staff for ERU. Funding constraints are never an excuse for not meeting the quality standards. |
| 18 | How much will it cost to have my ERU validated by IFRC? | IFRC does not charge for the technical mentoring or support. There may be costs associated with upgrading equipment or processes in order to meet the minimum standards as outlined in the Blue Book as well as small costs associated with the final verification visit. These costs will depend on your existing medical capacity and how far along you are in ERU development. |
| 19 | Will IFRC validation get our ERU the Blue EMT Badge to put on our uniforms/gear/documentation? | No. RCRC gear and personnel will not bear a WHO EMT badge or logo. RCRC ERUs and personnel should continue to follow the emblem regulations which can be downloaded here . |
| 20 | Our Ministry of Health or other Government authority wants our ERU to have WHO validation. What do I tell them? | Please explain to your MoH or other partners that as per the Red Channel MoU, ERUs validated by IFRC have equivalent international status and recognition as non-RCRC teams validated by WHO EMT Initiative. If you need support in these discussions, please reach out to IFRC. |
| 21 | Will there be regional IFRC MOUs with the EMT Initiative for regional deployment? | No. ERUs are a global tool and are deployed at the request of the host National Society and through Global Surge mechanisms. |
| 22 | What happens if we have been validated but deploy an ERU that does not meet minimum standards? | If you deploy an ERU that does not meet minimum standards and/or that in any way poses potential harm to patients, family, staff or others, you may be requested to leave the country of deployment. If you are struggling to meet minimum requirements during the ERU development process or more critically if you realize during deployment that you are facing challenges in doing so for whatever reason, please contact IFRC immediately for guidance and support. |