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Background/Introduction: In May 2024, German EMTs ASB, Cadus, Humedica and Johanniter conducted a joint disaster response field exercise including a Cholera outbreak scenario. The RRML CIBU (Cellule d'Intervention Biologique d'Urgence) from Institut Pasteur, France, embedded in an EMT, supported the exercise. Amateur actors presented injuries and cases of acute watery diarrhea with different levels of severity. Dummy samples were collected and transported to the RRML for analysis. An external IPC-Team from the German Robert Koch Institute conducted facility assessments to provide Cholera-specific IPC advice and training.

Objectives: To assess

1. the implementation of Cholera-specific IPC measures.
2. the need for and benefit of external IPC support.
3. the interoperability between EMTs and RRML.

Method/Description: Qualitative evaluation through observation and interviews.

Results/Outcomes: All EMTs (n=4) had access to IPC guidelines and personal protective equipment (PPE) and implemented active screening for signs of infection (n=4). 75% (n=3) of the EMTs actively isolated suspected cholera cases. EMTs underlined the benefit of external IPC support (n=3) and training provided (n=4). 48 EMT staff were trained in donning/doffing of PPE and management of spill events. The RRML provided transport material and training on packaging of samples. Occasional contamination of the outer packaging and incorrectly filled-in lab forms were reported. Sample transport was aligned to lab schedule.

Conclusion: The EMTs adapted competently to the Cholera scenario. Interoperability with the RRML was satisfying. The IPC team was seen as important support. Lessons learned included the need for improved isolation precautions, packaging of samples and completion of lab forms.

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GOARN Strategic Group for Diagnostic Surge Capacities (GOARN DiSC) – A Home for Rapid Response Mobile Laboratories and Forum for Strengthening Coordination and Interoperability with Emergency Medical Teams

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Background/Introduction: Rapid Response Mobile Laboratories (RRMLs) are essential for providing timely

diagnostics support to affected populations in crisis situations. Recognizing their critical role, the WHO Regional Office for Europe initiated the RRML Initiative in 2018, driven by European partner institutions of the Global Outbreak Alert and Response Network (GOARN).

Objectives: To enhance coordination and interoperability with the Global Health Emergency Corps (GHEC) partners, the RRML initiative transitioned to a global level in 2024, led by the GOARN Strategic Group for Diagnostic Surge Capacities (DiSC). This transition aimed to establish common standards for RRMLs and develop strategies to deliver quality and predictable diagnostic services to affected populations.

Method/Description: The DiSC group focused on defining operational standards for RRMLs, outlining future strategic directions, and creating operational plans. Additionally, the group sought to strengthen collaboration between RRMLs and Emergency Medical Teams (EMTs) by serving as a platform for sharing best practices and information exchange.


Results/Outcomes: The DiSC established a clear leadership structure and coordination mechanisms to facilitate collaboration with GHEC partners (including EMTs), underpinned by standardized operating procedures and workforce development initiatives, including an RRML recognition system. To enhance information sharing and operational efficiency, DiSC integrated its capabilities into the Knowledge and Information Management in Emergency Platform (KIMEP), a digital tool designed for streamlining coordination in the field.

Conclusion: By establishing the DiSC structure under GOARN leadership and leveraging the KIMEP platform, the RRML initiative has significantly improved information exchange, coordination, and interoperability with EMTs partners throughout the emergency management lifecycle.

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Enhancing Civil-Military Collaboration in Poland for Streamlined EMT Development and Deployment

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Background/Introduction: Integrating military and civilian capabilities in emergency medical teams (EMTs) is underexplored in Poland. Enhanced coordination between these sectors can significantly improve EMT development and deployment, aligning with international guidelines and adapting to Poland's specific context.

Objectives: The primary objectives are to develop policies for seamless civil-military collaboration in EMT operations, establish universally recognized and locally relevant standards, enhance EMT capabilities through joint training programs, implement rapid mobilization and effective coordination strategies, and create interoperable systems for coordination between EMTs and other rapid response capacities.

Method/Description: This study employs a multi-faceted approach, including developing joint protocols and communication channels for civil-military coordination, aligning with WHO guidelines while adapting to local needs. It establishes

benchmarks for consistency and quality across military and civilian EMTs. Joint training programs focus on skill development, operational coordination, and cultural competence. Agile strategies for rapid mobilization and joint operational plans are designed. Interoperable systems for effective coordination and resource sharing between EMTs and other rapid response teams are developed.


Results/Outcomes: The approach facilitates more efficient EMT deployments, enhances operational consistency through standardized protocols, builds competent responders through training, improves rapid response capabilities, and optimizes resource utilization through seamless coordination and interoperability.

Conclusion: Leveraging civil-military collaboration can significantly enhance Poland's EMT capabilities. By focusing on policy innovation, standard setting, capacity building, emergency response, and interoperability, Poland can establish a robust and integrated emergency response framework. This vision strengthens national capabilities and sets a precedent for harmonizing civil and military efforts in emergency medical response globally.

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Recommendations for Improving Civilian-Military Disaster Coordination: A Systematic Review of an International Bio-Disaster Response Utilizing Interoperability Assessment Models

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Background/Introduction: Disasters strain coordination efforts between groups. Interoperability is best assessed while in process, but retrospective analysis can also illuminate problems and identify solutions. COVID-19 created an international public health crisis that required civilian-military response in many locations, creating an opportunity to evaluate interoperability of multiple international systems at a single moment in time confronting a single crisis.

Objectives: This project uses three published interoperability models to identify interoperability activities during the COVID-19 pandemic. That data was then utilized to assess the interoperability effectiveness. The data was also utilized to develop a framework for assessing a group's current interoperability and assist with improvement goals.

Method/Description: Papers on civilian-military interoperability during COVID-19 were identified utilizing a search of medical literature. They were then assessed using three interoperability models: Joint Emergency Services Interoperability Program (JESIP), Organizational Interoperability Maturity Model (OIMM), and the Homeland Security Interoperability Continuum (HSIC).


Results/Outcomes: Of the 48 articles discussing interoperability criteria, the most common coordination criteria were shared situational awareness, joint understanding of risk, and standard operating procedures. The least likely interoperability criteria seen during international civilian-military COVID-19 disaster responses were co-location, preparedness, shared technology, prior training exercises, and previous experience. Utilizing this data, a combined interoperability assessment model was created for organizations to utilize to evaluate and improve their current level of interoperability.

Conclusion: Disaster focused organizations with different cultures yet potential future interactions should perform an initial interoperability self-assessment to determine their current level of coordination. They should then follow the next steps for improving interoperability before the next disaster strikes.

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EMT2-ITA Regione Piemonte: A Model to Design Specialized Care Teams (SCTs)

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Background/Introduction: The Specialized Care Teams (SCTs) provide additional specialized care supporting an existing local facility or a type 2 or 3 EMTs. The “rescEU EMT” project, funded by European Union, currently under development, aims to become the largest field hospital globally, made of 21 capacities, including EMTs and SCTs. The EMT2-ITA Regione Piemonte is in charge to develop the ICU Truck-based (together with Germany), Portable CT Scan, Dialysis and Oxygen Supply (together with Portugal and Türkiye) SCTs. Even though the WHO is working to publish technical notes for SCTs, at the moment, very few documentation is available.

Objectives: To describe the process of designing SCTs in a multi-national project.

Method/Description: The working group was composed by medical doctors, nurses, engineers, technicians coming from the partner countries of the project. This multidisciplinary and multinational team carried out a 3-phase process: (1) a literature review searching for publications, international and national guidelines, legislations relevant for the SCTs under