

Certified First medical responders

Indian Red Cross Society
(NHQ)



Introduction

In past years, there have been many initiatives across India for the development and training of volunteers. Indian Red Cross Society has identified a minimum set of skills which its volunteers must possess in order as a first responder to a variety of emergencies, leading to the development of the concept of first medical responders (FMR). The Indian Red Cross Society, with the support of state authorities and its international partners (ICRC and IFRC), aims to develop a cadre of certified first medical responders at district level through a series of training programmes, enhancing the capacity of communities to respond to emergency situations. These volunteers and staff will be trained and equipped to address needs of their local communities, providing first aid, water, sanitation and hygiene promotion, public health, and psychosocial support. Equipment including first aid and water, sanitation and hygiene promotion kits will be prepositioned at state and district levels, enabling efficient and timely response of the FMR teams.

Background

India is a highly disaster prone country with acute vulnerable communities. Disasters include earthquakes, tsunamis, flooding and landslides. India's topography, climatic conditions as well as the prevalence of socioeconomic vulnerability among the marginalized and weaker sections of the population make it one of the most disaster prone countries in the world. About 40 million hectares of land in India is identified as flood-prone and on an average 18.6 million hectares is flooded annually. More than half of India's total area of 3.28 million square kilometres falls in moderate to high seismic risk zones. Of the nearly 7,500 km long coastline, approximately 75 per cent is prone to cyclones. About 2,200 km of the coastline was affected by the Indian Ocean tsunami of 2004, with the wave reaching up to 3 km inland in some places. The disaster claimed 16,279 lives, and left 730,000 homeless. Countless people lost their livelihoods, and many have spent years recovering.

Our strengths

Indian Red Cross Society (IRCS) has provides humanitarian services through its programmes focusing on health, disaster management and organizational development across India. The society's greatest strength is in it's volunteers and staff throughout the country. With over 700 branches, the Indian Red Cross Society is at home in virtually every community.

Health programmes

Awareness on health related issues has been promoted through distribution of IEC materials including a H1N1 brochure, peer education programme to spread awareness on HIV, and TB programme are some of the examples of the health programmes of the Indian Red Cross Society. Through St. John Ambulance India, approximately 600,000 people are trained in first aid each year. Indian Red Cross Society contributes 10 per cent of the total blood need of the country through its 140 blood banks. This includes a state of the art model blood bank at national headquarters, which collects around 30,000 units of blood per year.

Disaster management programme

Thanks to its disaster response teams, a well equipped disaster management centre, six regionally located refurbished warehouses throughout India, disaster response Emergency Response Units (ERUs), the capacities of the Indian Red Cross Society respond to complex disasters have been greatly strengthened in recent years. At governmental level, India has a well established National Disaster Management Authority (NDMA), which has responsibility of coordinating disaster response at central level. Close cooperation between Indian Red Cross Society and government authorities such as the NDMA has shown the added value that the Red Cross brings in times of emergency.

The Indian Red Cross Society's disaster management programme covers the 11 states of Andhra Pradesh, Assam, Andaman and Nicobar Islands, Bihar, Gujarat, Himachal Pradesh, Manipur, Odisha, Tamil Nadu, Tripura, Uttarakhand and West Bengal. The goal of this programme is to ensure that:

Indian Red Cross Society is the leading disaster management agency in India through the improved disaster management capacities to help reduce the vulnerability of communities to disasters.

Indian Red Cross Society's Strategic Development Plan 2009-12 is in line with IFRC policy, and guides the decisions and actions of the society in developing and enhancing community and organizational preparedness for effective risk reduction and disaster response effort.

A comprehensive disaster management system includes prepared-



Indian Red Cross Society First medical responders will provide first aid and other emergency assistance in times of disaster. Photo: ICRC

ness, mitigation, response, rehabilitation and recovery with an IPA model. Placing these into an overall risk reduction strategy leads to the adoption of a much more integrated approach to disaster management and ultimately to development.

Indian Red Cross Society has trained its volunteers to form national, state and district disaster response teams which are the backbone of all its disaster response operations. The national disaster water and sanitation response team (NDWRT) which has 35 members, who are trained to deliver safe drinking water in emergencies using purification units. These teams are also trained on hygiene promotion, water quality testing, and sanitation.

Indian Red Cross Society has also six disaster specialists who form part of the South Asia regional disaster response roster, each of whom are highly trained and can be deployed within 48 hours as part of the IFRC's response emergency mechanism for South Asia. Some of these specialists have worked in recent disasters in Bangladesh and Sri Lanka.

In addition, Indian Red Cross Society also has the following experienced, specialized and highly trained disaster managers:

- National disaster response team – NDRT (40 members)
- State disaster response team – SDRT (240 members)
- District disaster response team – DDRT (450 members)

Emergency operations centre

Indian Red Cross has established emergency operations centre with facilities including “ham radio”, geographic information system (GIS), and video conferencing with high speed internet connection. These facilities enable national headquarters to remain in touch with state branches on 24 hours basis during any disaster. This centre is also connected with the six regional warehouses video conferencing. The centre is operational throughout the year in a preparedness mode in case of quick-onset disasters.

Post graduate diploma course

Indian Red Cross Society offers a one-year part-time post graduate diploma course on disaster management and rehabilitation, with accreditation by Guru Gobind Singh Indraprastha University, New Delhi. Since 2006, six batches have completed the course, drawing participants from the NDMA, WHO, IFRC, public health specialists, engineers, doctors and lawyers. Some of the students

who completed the course have gone on to join the ranks of NDMA following graduation.

Video conferencing

Indian Red Cross Society's multipurpose video conferencing facility allows national headquarters to connect with state branches and its six regional warehouses while minimizing the cost of monitoring projects as well as to improving communication between the national headquarters, branches and warehouses. In addition, this facility is expected to stimulate development of the National Society by facilitating continuous dialogue and timely decision making. With this state of the art communication facility, the efficiency of disaster relief operations will be enhanced, resulting in optimal use of resources.

The software for this facility allows sharing of presentations, and the facilitation of discussions and e-learning through virtual classrooms. This facility will be an integral part of ensuring master trainers and instructors are up-to-date and have access to online training materials on best practices.

E-learning

Indian Red Cross Society aims to develop a complete e-learning platform which will provide opportunities to volunteers, staff, members and partners. As a member of the IFRC, which represents a network of 187 National Red Cross and Red Crescent Societies across the world, Indian Red Cross Society also has access to a global e-learning platform which is global, modern and academically recognized for best practice and up-to-date with current trends and disaster management practices.

Family news service (FNS)

Our family news service is one of the core and crucial activity of the society. The main strength of the International Red Cross and Red Crescent Movement, particularly essential to its task of tracing and restoring family links (RFL), is that it consists of a single worldwide network that applies the same principles and working methods in every country where it is active – regardless of the legal status of those concerned (People deprived of liberty, local communities, internally displaced persons, refugees, asylum seekers, population affected by disasters, etc.)

A glimpse of the case work since 2005 reflects that 903 "Red Cross messages" have been exchanged between families in India and

abroad. Many of these cases were pertaining to Sri Lankan refugees in Tamil Nadu who had been separated from their families due to situation of conflict in their country, while many migration cases were received for West Bengal and Gujarat. In context of tracing, 29 people have been traced and reunited with their families, while a further 86 cases currently remain active.

Several trainings of the staff and volunteers were conducted to form a well informed network of service providers. We have trained around 1,000 volunteers and staff across 19 branches in India.

Considering the need for delivering Family news services during disasters, orientation to the disaster response teams at national, state and district level were provided. Tools including a training manual, volunteer handbook, brochures and posters were developed to promote the service.

Special trainings were extended to the volunteers on providing services to the unaccompanied minors and management of dead bodies.

Needs met through this programme

As Indian Red Cross Society is already working within communities, through the FMR programme, it aims to be the major provider of first medical response in the country, with first aid being one of the basic, fundamental and core functions of the Red Cross. Promoting a country-wide, proficient cadre of certified first medical responders meets two aims of the Indian Red Cross Society:

1. Provide basic life support and first aid

Disaster response continues to represent the largest portion of Red Cross work, with assistance provided to around 30 million people affected by natural disasters worldwide by the IFRC each year. As part of their local communities, Red Cross volunteers have an in-depth understanding of local needs, vulnerabilities and capacities. Systematic disaster and crisis management starts with preparedness for early action by trained and organized volunteers. When a disaster occurs, volunteers are at the frontline of response efforts to help with search and rescue. They also give psychosocial support immediately after a disaster occurs and during the recovery phase. The Indian Red Cross Society has a key role as an auxiliary to the government of India and its agencies such as the NDMA to expand the access that people in isolated communities including pri-

mary and public health services both during emergencies and during normal times.

2. Triage to prioritize and enable proper handling and transportation of patients

In a recent study by the IFRC in a survey conducted across 52 countries, it was found that the average time for emergency services to arrive at the scene of an accident or emergency is 45 minutes, varying from 10 minutes at best, to 3 hours in less developed areas. Following an accident, even a single minute can make the difference between life and death. This reinforces and highlights the need to create appropriate response capacity, including transportation facilities at community level, and not rely solely on existing (or absent) emergency services. The need to build local capacity to transport the critically ill or injured is of even greater importance in disaster situations, when the emergency services of even well developed countries can be overwhelmed or unable to access all the casualties. In India, in some far flung areas emergency medical services may take as much as 24-48 hours to reach the injured, especially when the disaster itself hampers access.

During the roll out of this programme, linkages will be developed with the district health system to ensure that the certified first medical responders become an integral part of the state emergency public health system.

Programme objectives:

To enhance the capacity of Red Cross volunteers and communities to deliver emergency health services during disaster and health emergencies by developing a cadre of certified first medical responders.

The programme will ensure that:

- Certified master trainers are available to roll out the programme (Master trainers will be selected from retired army personnel, national service scheme volunteers, scouts and guides, Red Cross volunteers, NGOs and other eminent volunteers from civil society).
- Master trainers are able to train and manage instructors.
- Trained and certified first medical responders are available each district who are equipped to respond to any emergency situation (Volunteers will have official Red Cross/St. Johns Ambulance (India) first aid training certificate and identity cards).



Curriculum

Certified master training will be available for each of the following modules (two weeks extensive training is required to qualify as master trainers):

Module one: Introductory module

1. Introduction to the concept of certified first medical responders
2. Objective of the training programme
3. Pre and Post test questionnaire; why and how?
4. International Red Cross and Red Crescent Movement and relevance of FMR

Module two: Emergency first aid

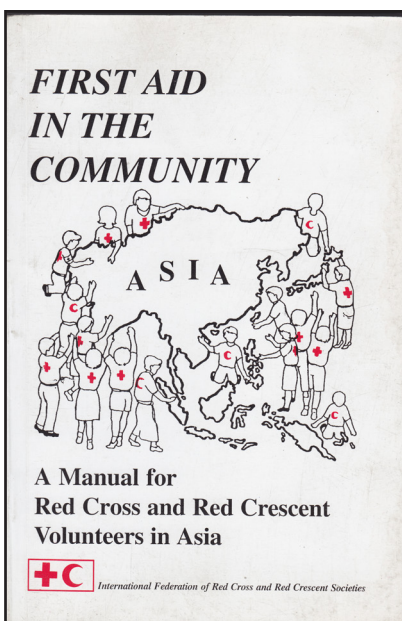
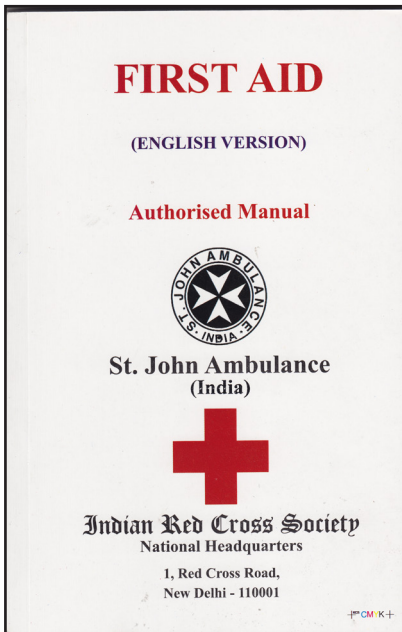
1. Principles and practices of first aid
2. Assessment in first aid
3. Structure and function of body
4. Basic life support (resuscitation and CPR)
5. First aid in emergencies
6. First aid kit and use of materials
7. Triage
8. Safe handling and transportation of patients

Module three: Public health in emergencies

1. Introduction to public health in emergencies
2. Communicable diseases in emergencies/epidemic control
 - a. Vector-borne diseases
 - b. Water-borne diseases
 - c. Air-borne diseases
 - d. STI including HIV and other sexual and reproductive health issues
3. Emergency health assessment – what it is, data collection
4. Food security and nutrition in emergencies
5. Health in recovery programming

Module four: Water, sanitation and hygiene promotion

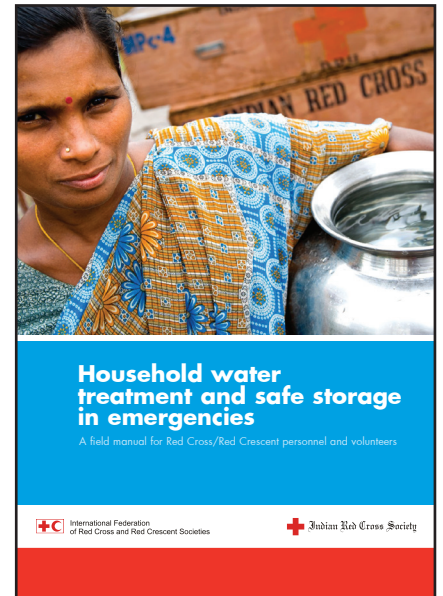
1. Emergency water supply
 - a. Introduction to water supply
 - b. Water supply components
 - c. WatSan emergency response tools
2. Household water treatment



- a. Why household water treatment and safe storage?
 - b. Methods of water treatment
 - c. Safe storage
 - d. Training
 - e. Follow up training
3. Emergency sanitation
- a. Excreta disposal
 - b. Solid waste management
 - c. Waste water management (drainage)
 - d. Vector control
4. Hygiene promotion in emergency
- a. Why do we need hygiene promotion?
 - b. Selection and distribution of hygiene kits
 - c. How do we do hygiene promotion in emergency?
 - d. Hygiene promotion box

Module five: Psychosocial support

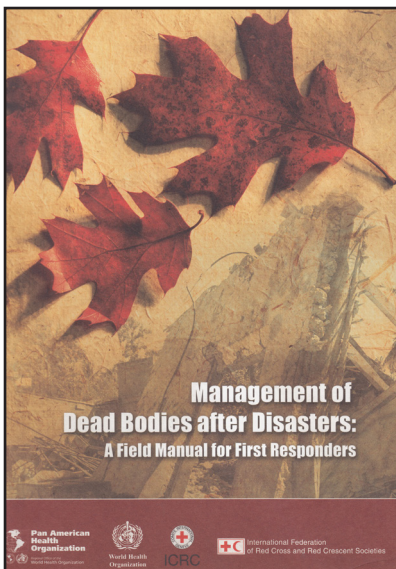
1. Introduction to psychosocial support in the Movement
 - a. Introduction to psychosocial support
 - b. What is psychosocial support (the definition)?
 - c. What is psychosocial well being?
 - d. Contextualization of services
 - e. Why are psychosocial services needed?
2. Basics of providing psychosocial support services
 - a. Understand the psychological needs people may have during an emergency
 - b. Identification of the affected population in need of psychosocial support services
 - c. Providing services as per the needs of the people (assessment)
3. Providing psychosocial support by the certified first medical responders during the immediate phase
4. Community based psychosocial support
5. Psychological first aid and supportive communication
6. Essential things to keep in mind while providing psychosocial support in a community
 - a. Who can provide psychosocial support services
 - b. Helping the helper (essentials for FMRs providing psychosocial support services)



7. Dos and don'ts for volunteers providing psychosocial support services

Module six: Restoring family links

1. Restoring family links
 - a. Introduction to terms like restoring family links, tracing and Family news services
 - b. What is RFL?
 - c. RFL project in India
 - d. What is the need of RFL in disasters?
2. RFL experience from the field
 - a. Example of Leh cloud burst/Sikkim earthquake
 - b. Lessons learned from the field
3. Planning RFL activity
 - a. Preparation for RFL
 - b. Discussion on plan

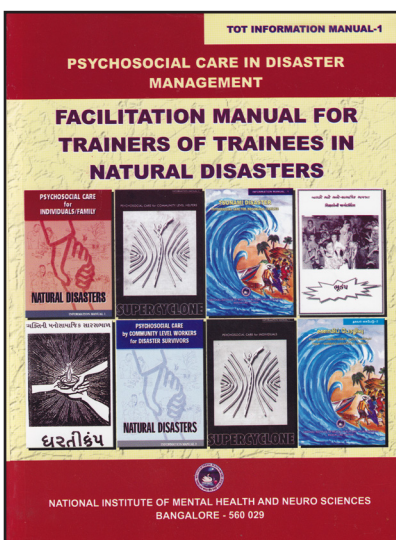


Module seven: Management of dead bodies

1. Introduction and conceptual understanding
2. What is the need for dead bodies' management?
3. What formats are to be completed as part of dead bodies' management?
4. Experience sharing from the field

Module eight: Crisis management

1. The basics of disaster management
 - a. The concept of hazard
 - b. The concept of vulnerability
 - c. The concept of disaster
 - d. The concept of risk
 - e. The concept of capacity
 - f. The concept of mitigating impact
 - g. Relation between different concept in a disaster situation
2. Different disaster situations and how to respond to different disaster situations
 - a. Earthquake
 - b. Floods
 - c. Flash-floods
 - d. Landslides
 - e. Tsunami
3. Assessment in emergencies



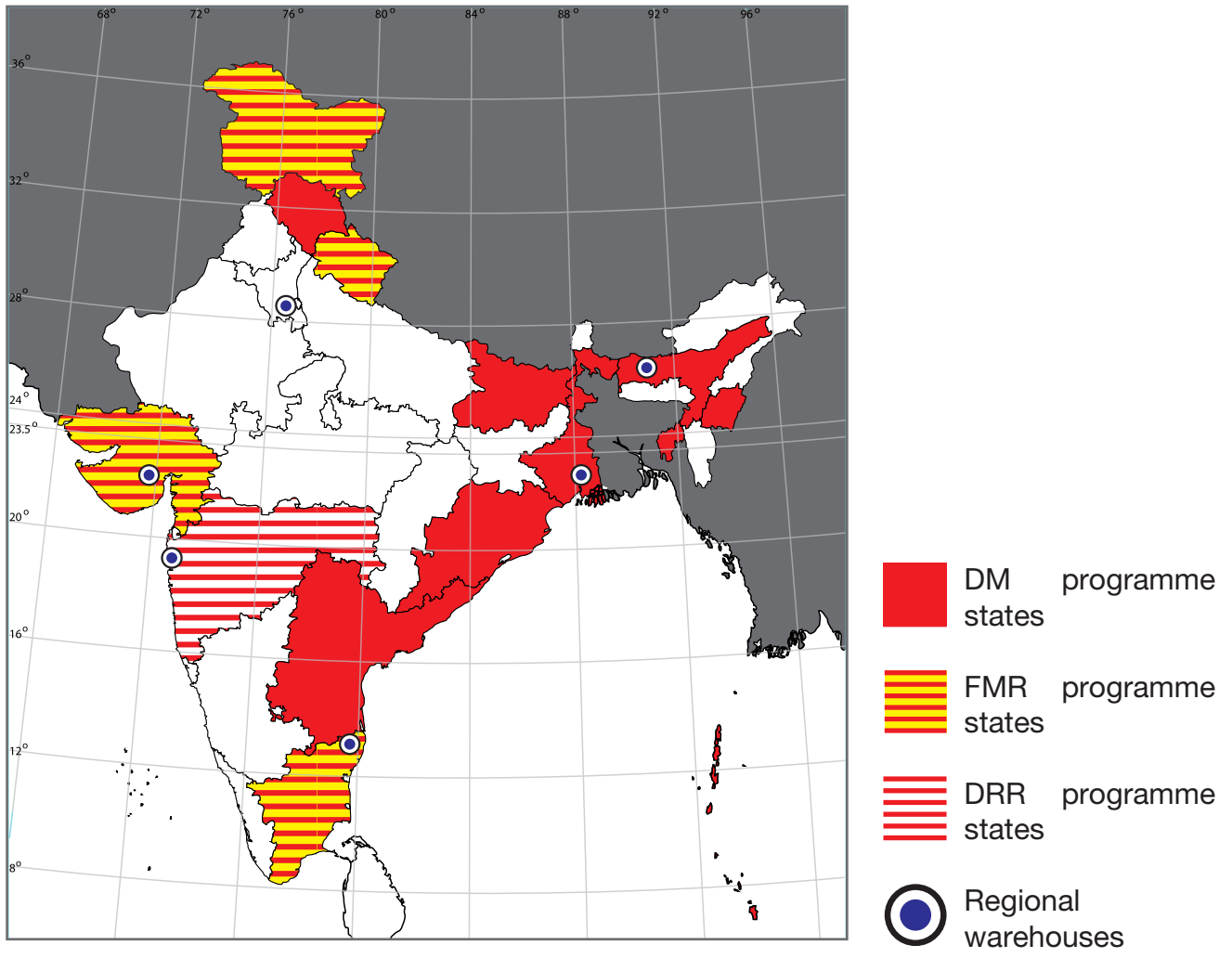
- a. Understanding needs assessment
- b. Types of needs assessment and assessment process
- c. Participatory needs assessment tools
4. Taskforce management
5. Coordination mechanisms

Module nine: Planning, monitoring and reporting

1. Basics of planning
2. Contingency planning
3. Basics of monitoring
4. Monitoring by FMR
5. What to monitor in a crisis situation
6. Why there is a need for monitoring and usage of data?
7. What is reporting and methods of reporting?

FMR and disaster-prone states

This map illustrates the disaster management target states of India, Indian Red Cross Society warehouses, as well as the four pilot





One of the pilot training-of-trainer sessions, held in Uttarakhand

states in India. Further states will be included in the programme at the end of this pilot period (2011-2012).

Pilot phase

The first training sessions of this pilot programme were held in Uttarakhand from December 2011 to February 2012, training more than 100 instructors. The pilot will see the programme rolled out initially across a further three states (Gujarat, Jammu and Kashmir, and Tamil Nadu), ensuring 50 to 300 volunteers trained in each district.

Expected results

- Certified first medical responders close to the emergency, able to respond immediately to save lives and reduce morbidity caused by emergency situations. When there is no emergency, these volunteers will play an important role, supporting the development and resilience of communities.
- Strengthened district response capacity, where the IRCS leadership can advise and support in its auxiliary role to local government authorities.
- Enhanced response capacity at state level to support the development of district branches, through systems and initiatives such as state disaster response teams, etc.
- Strategic development of partnerships at state, regional and district levels, with the key actors involved in emergency response to maximise the impact and avoid duplications of efforts.
- Increased resource mobilization capacity at state branch level will ensure replication of the interventions in locations other than direct implementation district and ensure sustainability of the approach.

Through this approach, Indian Red Cross Society will mitigate the impact of emergencies and reduce morbidity and mortality within the communities by deploying preventative measures and by enhancing resilience of the communities.

The Indian Red Cross Society has 35 state/union territories branches, as well as more than 700 districts and sub-district branches. The society was established in 1920 under the Indian Red Cross Society Act and incorporated under Parliament Act XV of 1920. The acts were last amended in 1992 and of rules were formed in 1994. The President of India is the President and Union Health Minister of Health and Family Welfare is the Chairman of the Society.

For more information, please contact us

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