



Self-Assessment Checklist for Emergency Medical Teams

Minimum Standards for Type 1- Fixed

GUIDING PRINCIPLES				
Principle A QUALITY CARE	EVIDENCE CRITERIA	SUPPORTING DOCUMENTS	MENTOR ASSISTANCE REQUESTED	COMMENTS
Provides safe, timely, effective, efficient, equitable and patient centred care.	Declared compliance & ability to meet principle during deployment	Written statement on behalf Organisation Deployment activation pathway flowchart	Indicate ✓ required	
Principle B APPROPRIATE CARE Offer a “needs based” response according to the context and type of Sudden Onset Disaster (SOD) &/or Outbreak in the affected nation.	Declared compliance & ability to meet principle during deployment	Written statement on behalf Organisation		
Principle C EQUITABLE CARE I. Adopts a human rights based approach to their response. II. Ensures they are accessible to all sections of the population affected by the Sudden Onset Disaster &/or Outbreak particularly the vulnerable.	Declared compliance & ability to meet principle during deployment	Written statement on behalf Organisation		

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<p>Principle D ETHICAL CARE</p> <p>I. Treat patients in a medically ethical manner consistent with the World Medical Association Medical Ethics Manual.</p> <p>II. Respect with confidentiality that patients will have the right to be informed about their medical condition and communication on prognosis and alternative treatments in a language and culturally appropriate fashion.</p> <p>III. Ensure informed consent for medical procedures is obtained in such a manner unless obviously impossible.</p>	<p>Declared compliance & ability to meet principle during deployment</p>	<p>Written statement on behalf Organisation</p>		
<p>Principle E ACCOUNTABLE CARE</p> <p>All EMTs are accountable to:</p> <p>I. The patients & communities they assist;</p> <p>II. Host government & MoH;</p> <p>III. Own organization & donors</p>	<p>Declared compliance & ability to meet principle during deployment</p>	<p>Written statement on behalf Organisation</p>		

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<p>Principle F INTEGRATED CARE</p> <p>EMTs commit to be:</p> <p>I. Integrated in a coordinated response under the national health emergency management authorities.</p> <p>II. Collaborative with the national health system, their fellow EMTs, the cluster and the international humanitarian response community.</p>	<p>Declared compliance & ability to meet principle during deployment</p>	<p>Written statement on behalf Organisation</p>		
CORE STANDARDS				
Standard A. GLOBAL & NATIONAL COORDINATION	EVIDENCE DESCRIPTORS	SUPPORTING DOCUMENTS	MENTOR ASSISTANCE REQUESTED	COMMENTS
<p>I. Register with the relevant national authority or lead international agency on arrival.</p> <p>II. Collaborate with inter-agency response coordination mechanisms at global, national and sub-national levels, as well as with other EMTs and health systems.</p>	<p>Communications pre-deployment & upon arrival in country with;</p> <ul style="list-style-type: none"> • Host Government (including HEOC/NDMA) • United Nations / World Health Organisation (VOSOCC, OSOCC & RDC) • WHO EMT Secretariat (EMTCC) • Global Health Cluster (where relevant) 	<p>VOSOCC account</p> <p>EMT Registration forms</p>	<p><i>Indicate ✓ required</i></p>	

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<p>Standard B. GLOBAL CLASSIFICATION</p> <p>Report on arrival what type, capacity and services they can offer based on the international EMT classification system.</p>	<p>Team composition compliance with minimum standards to meet the identified declared Type service delivery needs</p> <p><i>(Refer Technical standards below)</i></p>	<p>Sample Team profile & composition list</p>		
<p>Standard C. REPORTING</p> <p>Report at regular intervals during response, and prior to departure, via Ministry of Health & WHO using the identified national or international reporting format.</p>	<p>Reporting templates compliant with international formats;</p> <ul style="list-style-type: none"> • Host MOH • EMTCC • VOSOCC 	<p>Sample Reporting forms;</p> <ul style="list-style-type: none"> • EMT Registration • Clinical Activity summary • Exit report 		
<p>Standard D & E. MEDICAL RECORDS</p> <p>Keep confidential medical records of interventions, clinical monitoring and possible complications.</p> <p>Provide patient with individual record of treatment performed & referral for follow up as planned / needed</p>	<p>System identified to maintain confidential, individual patient records with unique identifiers</p> <p>Clinical care documentation records, in accordance with accepted international standards</p> <p>Discharge & referral documentation (in appropriate language) with ability to provide duplicate copies to patient & MOH.</p> <p>Clinical documentation Informed consent (in appropriate language).</p>	<p>Sample Medical records;</p> <ul style="list-style-type: none"> • Outpatient Individual Patient record • Triage register • Births & deaths register • Consent forms 		

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<p>Standard F. REFERRAL CAPACITY</p> <p>Become part of the wider health referral system, offer to accept or refer or both accept and refer patients (dependant on type) to other EMTs, the national health system or, if approved, other countries.</p>	<p>Ability to identify & manage referrals to higher levels of care;</p> <p>Clinical referral documentation</p> <p>Methods of transfer / transport identified in country for referral cases</p>	<p>Sample Referral / transfer forms</p> <p>Clinical Guidelines / SOPs</p>		
<p>Standard G. QUALIFIED & CREDENTIALLED</p> <p>I. All staff must be registered to practice in their home country.</p> <p>II. All staff must have licence to practice for the work they are assigned to by the agency.</p>	<p>Established process to review & record individual health team members clinical credentials</p> <p>Provisions for process to ensure validity & currency of information</p> <p>Ability to provide proof of relevant national identification for every team member and credentials for every health team member</p>	<p>Copies Individual team members Health credentials ie. Authority to Practice Medical licensure in home country</p> <p>Copies Individual team members passports</p>		

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<p>Standard H TRAINING & SKILL MIX</p> <p>I. All staff are specialists in their field.</p> <p>II. Personnel are appropriately trained in either conflict or sudden onset disaster surgical injury management if relevant.</p> <p>III. Majority have training and experience in global health, disaster medicine and providing care in austere environments.</p> <p>IV. Acknowledged need to train and provide experience to new staff; scope for junior and inexperienced staff working under direct supervision of experienced colleagues (in the later phase of a disaster response).</p>	<p>Effective standby personnel roster system (eg. excel or database; 5:1 ratio availability)</p> <p>Compliant Standard Team composition & ratios with minimum skill criteria requirements by profession</p> <p>Defined training curriculum & continuum with identified learning objectives, outcomes and evaluation</p> <p>Training activities calendar and system to identify staff currency</p> <p><i>(Refer Technical standards below)</i></p>	<p>Standby list all personnel & demonstrable roster system</p> <p>Individual team role descriptions</p> <p>Training curriculum & continuum overview</p> <p>List team members training records & currency</p>		
<p>Standard I INTERNATIONAL PHARMACEUTICAL STANDARDS</p> <p>EMTs will ensure that all pharmaceutical products and equipment they bring complies with international quality standards and drug donation guidelines.</p>	<p>Medication supplies are compliant with WHO Essential Medicines list or equivalent & support service delivery based upon Type;</p> <p>Internationally compliant customs lists all medications (including scheduled, controlled substances/ drugs)</p> <p><i>(Refer Technical standards below)</i></p>	<p>Customs compliant list all Medications; Including authority to import/export Controlled Substances</p>		

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<p>Standard J SELF-SUFFICIENCY</p> <p>EMTs are self-sufficient and not put demand on logistic support from the affected country, unless agreed otherwise before deployment.</p>	<p>Demonstrated capability to meet minimum standards for team and outpatient care facilities logistical support requirements @ 14 days</p> <p>Suitable Clinical consumables 14 days (eg. Type 1F = 100 pts/day) to meet anticipated service delivery needs</p> <p><i>(Refer Technical standards below)</i></p>	<p>Customs compliant list all goods; Including authority to import/export Dangerous Goods</p> <p>Visual map entire Camp layout (to scale); Including all team & clinical areas</p> <p>List of all logistical supplies @ 14 days self-sufficiency;</p> <ul style="list-style-type: none"> • Pallet /cubic metres • weight estimate <p>List of clinical consumables; equivalent 14 days self-sufficiency;</p> <ul style="list-style-type: none"> • Pallet /cubic metres • weight estimate 		
<p>Standard K SANITATION & WASTE MANAGEMENT</p> <p>I. Minimal hygiene and sanitation standards,</p> <p>II. Minimal standards required for management of medical waste.</p>	<p>Demonstrated capability to meet minimum international Waste Management and Infection Prevention & Control standards for team and outpatient care facilities</p> <p><i>(Refer Technical standards below)</i></p>	<p>Water, Sanitation & Hygiene management SOPs;</p> <ul style="list-style-type: none"> • distribution map & quantity • quality checks <p>Waste management SOPs;</p> <ul style="list-style-type: none"> • Clinical • General 		

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<p>Standard L. INDEMNITY & MALPRACTICE</p> <p>I. The team and individuals within it are covered by adequate medical malpractice insurance.</p> <p>II. There are mechanisms in place to deal with patient complaints and allegations of malpractice.</p>	<p>Appropriate standing insurance coverage arrangements in place for team in event of deployment</p> <p>Relevant clinical governance & grievance SOPs</p>	<p>Copy of Indemnity & malpractice insurance for deployed health professionals</p> <p>Patient complaint & grievance SOPs</p>		
<p>Standard M TEAM HEALTH & WELFARE</p> <p>EMTs must have arrangements in place for the care of their team members' health and safety including repatriation and exit strategies if required.</p>	<p>Demonstrable process for preparation individual team members; Medical, physical & mental suitability pre-screening Vaccinations & prophylactic medications Uniform & personal equipment</p> <p>Appropriate plans for of team members whilst deployed in the event; Safety, Security & Critical Incidents Emergency medical care & evacuation</p>	<p>Sample individual team member medical screening form</p> <p>Copies Individual team members current vaccination status</p> <p>Health insurance / emergency medical treatment & evacuation plans for deployed team</p> <p>Safety & Security SOPs</p>		

TECHNICAL STANDARDS – TYPE 1 FIXED				
INITIAL ASSESSMENT & TRIAGE Initial & Field	EVIDENCE DESCRIPTORS	SUPPORTING DOCUMENTS	MENTOR ASSISTANCE REQUESTED	COMMENTS
	Recognised Triage system for Emergency care in SOD settings	Clinical Guidelines / SOPs	<i>Indicate ✓ required</i>	
RESUCITATION Basic first aid & life support	Basic life support capacity; Oropharyngeal airway management Haemorrhage control IV fluid management	Stock List & quantity of clinical consumables		
PATIENT STABILIZATION & REFERRAL Basic stabilisation & referral	Limited capacity Emergency advanced life support to stabilise for transfer to higher level of care	Clinical Guidelines / SOPs Sample Referral transfer form / documentation		
WOUND CARE Initial wound care	Rapid assessment , decontamination & non-closure of wounds; Potable water Simple dressings Tetanus prophylaxis Antibiotics	Clinical Guidelines / SOPs Stock List & quantity of clinical consumables		
FRACTURE MANAGEMENT Basic fracture management	Basic splinting & Plaster of Paris application	Clinical Guidelines / SOPs Stock List & quantity of clinical consumables		

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ANAESTHESIA Outpatient Pain management	General Anaesthesia is <u>not</u> provided; Regional local anaesthesia & Analgesia only	Clinical Guidelines / SOPs Stock List & quantity of clinical consumables		
SURGERY Minor outpatient procedures	Invasive Surgical procedures are <u>not</u> provided; Minor procedures under adequate sterility & analgesia only	Clinical Guidelines / SOPs Stock List & quantity of clinical consumables		
INTENSIVE CARE Not provided	Not applicable		Not applicable	
COMMUNICABLE DISEASE CARE Basic outpatient care	WHO Standard Clinical diagnostic pathways; Disease Early Warning surveillance tools Ability to treat Suspected cases with WHO Essential medicines list	Clinical Guidelines / SOPs Sample DEWS forms Isolation, Infection Prevention & Control SOPs Pharmacy Stock list & quantity		
EMERGENCY OBSTETRIC CARE Basic emergency obstetric care (BEOC)	Capable safe uncomplicated delivery with midwifery level care; Contingencies for Multiple births, Breech delivery, Infection, Haemorrhage & Eclampsia Equipment to manage; Assisted vaginal delivery	Standard Team composition list with identified skilled staff Stock List & quantity of clinical consumables		

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	Basic Neonatal resuscitation			
EMERGENCY PAEDIATRIC CARE Basic outpatient paediatric care for injuries & endemic diseases	Able to identify & refer severe cases requiring higher level care; pneumonia, diarrhoeal disease, malaria, measles & malnutrition Capable of managing Respiratory Tract infection, diarrhoea, & possible malaria and MUAC screening	Standard Team composition list with identified skilled staff Stock List & quantity of clinical consumables Paediatric Pharmacy Stock list & quantity Clinical Guidelines / SOPs		
EMERGENCY CARE CHRONIC DISEASE Basic outpatient chronic disease care for minor exacerbations	Capable of managing minor exacerbations requiring emergent outpatient care Able to identify & refer cases requiring higher level care or ongoing chronic care	Clinical Guidelines / SOPs Stock List & quantity of clinical consumables NCD Pharmacy Stock list & quantity		
MENTAL HEALTH Basic outpatient screening & referral services	Capable of basic psychological first aid care Able to identify & refer cases requiring higher level care or ongoing chronic care	Clinical Guidelines / SOPs		
REHABILITATION Basic outpatient screening & referral services	Capable of basic rehabilitation care Able to identify & refer cases requiring	Clinical Guidelines / SOPs Stock List & quantity of clinical		

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	<p>higher level care or ongoing chronic care</p> <p>Equipment to manage;</p> <ul style="list-style-type: none"> • Splinting • Compression bandaging • Crutches / walking sticks 	consumables		
<p>LABORATORY & BLOOD TRANSFUSION</p> <p>Basic rapid detection tests</p>	<p>Blood transfusion is <u>not</u> provided</p> <p>Capable of basic rapid detections tests;</p> <ul style="list-style-type: none"> • Blood Glucose • Urine dipstick analysis • Haemocue / Haemoglobin • Malaria • Other as indicated 	<p>Stock list & quantity:</p> <ul style="list-style-type: none"> • Rapid Detection tests • Sample & specimen consumables <p>Clinical guidelines / SOPs</p> <p>Sample Laboratory reporting forms / documentation</p> <p>Cold chain & storage SOPs; including quality checks</p>		
<p>PHARMACY & DRUG SUPPLY</p> <p>Outpatient drug supply to treat 100 pts/ day</p> <p>WHO Essential medication list or equivalent</p> <p>Tetanus prophylaxis</p>	<p>Stock within expiry date & licenced for use in country of origin</p> <p>Cold chain compliance / equipment; Includes contingencies & quality checks</p> <p>Medications are labelled (in local language where possible) & are individually dispensed with authorised prescription</p> <p>A register of all scheduled / controlled substances & dispensing is maintained.</p>	<p>Pharmacy Stock list & quantity</p> <p>Cold chain maintenance SOPs; including quality checks</p> <ul style="list-style-type: none"> • Sample Medication dispensing labels • Medication administration / dispensary register • Medication 		

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	WHO Essential medication list or equivalent, must include; <ul style="list-style-type: none"> • Oral & parental analgesia • Antibiotics • Tetanus toxoid or Tetanus & Diphtheria • Tetanus Immunoglobulin (or ability access) • Other as indicated to treat anticipated cases 	controlled substances register <ul style="list-style-type: none"> • Vaccinations register 		
RADIOLOGY Not provided	Able to identify & refer cases to higher level care requiring diagnostic imaging	Not applicable		
STERILIZATION Basic steam autoclave or disposable equipment	Capable of gross decontamination, cleansing & steam sterilisation; or Sufficient supplies of disposable equipment for 14 days	Infection, Prevention & Control SOP List of Sterilisation equipment & SOPs Stock list & quantity of disposable equipment		
LOGISTICS Self-sufficient Team & Outpatient facility 14 days	Capable meeting minimum SPHERE, OCHA and WHO drinking water, sanitation & hygiene standards for outpatient & team requirements for 14 days Visual map Camp footprint plan outlining provisions for following; Water	Sample Camp Shelter footprint; Includes provisions for team living & clinical facilities Estimated water usage/day calculation; SOPs for maintenance/access		

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	<p>Potable drinking water & hand washing Min 5L per outpatient/day and 60L team member/day</p> <p>Power & lighting Sufficient to light/power clinical patient areas, toilets and staff living area</p> <p>Food Sufficient for entire team and anticipated patient needs for 14 days</p> <p>Shelter Separate staff accommodation area</p> <p>Medical & General waste disposal Specific technical compliance with safe handling/disposal as per international guidelines; Bodily Fluids & waste Sharps & Medications Chemicals</p> <p>Sanitation Min 2 toilets per 100 outpatients Culturally / gender appropriate Separate team and outpatient toilet & hygiene areas</p> <p>Communications Mobile & Satellite phones Radios Data transfer; email or fax</p> <p>Transport</p>	<p>Estimated power/ fuel usage calculation; SOPs for generation, maintenance & access</p> <p>Food Stock list & quantity</p> <p>Identified temporary staff accommodation / shelter & quantity</p> <p>General & Medical waste management SOPs; Including disposal plans & equipment</p> <p>Sanitation plan & SOPs; Includes estimated number & type</p> <p>ICT Stock list, type & quantity</p> <p>Identified transport plans & SOPs</p>		
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	Plans for team & equipment movement Plans for patient referral & transfer if required			
EMT SIZE & CAPABILITY Staff skilled in Emergency & Trauma care, Maternal & Child Health, and knowledge of endemic disease management for minimum 100 consultations per day	Doctors trained Emergency & Primary care (min 3) Nursing & Paramedic staffing Ratio 1:3 (Doctor: Nurse) Logistic staff sufficient to support self-sufficiency requirements outpatient facility	Standard Team profile & composition list Sample Clinical Staffing roster / allocations Clinical Service delivery Guidelines / SOPs; <ul style="list-style-type: none"> • Emergency & Trauma Care • Maternal & Child Health • Primary & Endemic health 		
EMT CAPACITY Rapidly deployable temporary shelter outpatient clinic	Environmentally suitable for at least 100 consultations / 12 hours per day for 14 days; <ul style="list-style-type: none"> • Triage/waiting area • Outpatient clinical care areas No requirement overnight / inpatient services	Identified structure Clinical capacity layout map; <ul style="list-style-type: none"> • Patient flow • Total number of beds / patients per day 		