



Self-Assessment Checklist for Emergency Medical Teams

Minimum Standards for Type 1 - Mobile

| GUIDING PRINCIPLES | | | | |
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| 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 | | |

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| <p>Principle C EQUITABLE CARE</p> <p>I. Adopts a human rights based approach to their response.</p> <p>II. Ensures they are accessible to all sections of the population affected by the Sudden Onset Disaster &/or Outbreak particularly the vulnerable.</p> | <p>Declared compliance & ability to meet principle during deployment</p> | <p>Written statement on behalf Organisation</p> | | |
| <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> | | |

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| <p>Principle E ACCOUNTABLE CARE</p> <p>All EMTs are accountable to:</p> <ul style="list-style-type: none"> I. The patients & communities they assist; II. Host government & MoH; III. Own organization & donors | <p>Declared compliance & ability to meet principle during deployment</p> | <p>Written statement on behalf Organisation</p> | | |
| <p>Principle F INTEGRATED CARE</p> <p>EMTs commit to be:</p> <ul style="list-style-type: none"> I. Integrated in a coordinated response under the national health emergency management authorities. II. Collaborative with the national health system, their fellow EMTs, the cluster and the international humanitarian response community. | <p>Declared compliance & ability to meet principle during deployment</p> | <p>Written statement on behalf Organisation</p> | | |

| CORE STANDARDS | | | | |
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| 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> | |
| <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> | | |

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| <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>Need a method to report on their sector of activity, potentially covering multiple small villages, etc</p> | <p>Sample Reporting forms;</p> <ul style="list-style-type: none"> • EMT Registration • Clinical Activity summary (MDS) • 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 forms;</p> <ul style="list-style-type: none"> • Outpatient Individual Patient record • Referral forms • Triage register or logbook • Consent forms | | |

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| <p>Standard F. REFERRAL CAPACITY</p> <p>Become part of the wider health referral system, or 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> | | |

EMT TYPE 1 – MOBILE
OUTPATIENT EMERGENCY CARE - MOBILE CLINIC

WHO EMT QUALITY ASSURANCE PROGRAM
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| <p>Standard H TRAINING & SKILL MIX</p> <p>I. All staff are specialists in their field.</p> <p>Clinical personnel are appropriately trained and experienced disaster healthcare management and providing care in austere environments</p> <p>II. 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 ;)</p> <p>Appropriate 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 EMT size & capability 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 , outpatient care requirements and logistical support for 14 days</p> <p>Demonstrated capability to resupply after mobile visit; suitable clinical consumables for 14 days (eg. Type 1M = 50 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 display/map of mobile clinic setup(to scale); Including all team & clinical areas</p> <p>List of all logistical supplies for 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 Medical and General Waste,below)</i></p> | <p>Water, Sanitation & Hygiene management SOPs;</p> <ul style="list-style-type: none"> • distribution map & quantity of toilets and hand washing stations • quality checks for the water <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 MOBILE | | | | |
| <p>INITIAL ASSESSMENT & TRIAGE Initial & Field</p> | <p>EVIDENCE DESCRIPTORS</p> | <p>SUPPORTING DOCUMENTS</p> | <p>MENTOR ASSISTANCE REQUESTED</p> | <p>COMMENTS</p> |
| | <p>Recognised Triage systems for : -management of outpatients presenting</p> | <p>Clinical Guidelines / SOPs</p> | <p>Indicate ✓ required</p> | |

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| | for emergency care and - management of patients for a mass casualty incident | Stock List & quantity of clinical consumables | | |
| RESUCITATION Basic first aid & life support | Basic life support capacity; Oropharyngeal airway management Haemorrhage control IV fluid management | | | |
| PATIENT STABILIZATION & REFERRAL Basic stabilisation & referral | Limited capacity for emergency advanced life support to stabilise for transfer to higher level of care ; bag-valve-mask (non-invasive airway support), femoral splinting, pressure dressings, etc | Clinical Guidelines / SOPs Sample Referral transfer form / documentation | | |
| WOUND CARE Initial wound care | Rapid assessment , decontamination & non-closure of wounds; Potable water for wound washout 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 | | |
| ANAESTHESIA Outpatient Pain management | General Anaesthesia is <u>not</u> provided; Local anaesthesia & Analgesia only | Clinical Guidelines / SOPs Stock List & quantity of clinical consumables | | |

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| SURGERY Minor outpatient procedures | Invasive Surgical procedures are <u>not</u> provided; Minor procedures under adequate sterility, local anaesthesia & analgesia only (eg: wound washout, simple incision and drainage,etc) | 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 drugs from the WHO Essential medicines list | Clinical Guidelines / SOPs Sample DEWS forms Infection Prevention & Control SOPs and equipment list (eg: Personal protective equipment/PPE) Pharmacy Stock list & quantity | | |
| EMERGENCY OBSTETRIC CARE Basic emergency obstetric care (BEOC) | Capable safe uncomplicated delivery with midwifery level care; Ability to recognise, begin management and refer: multiple births, breech delivery, Infection, Haemorrhage & Eclampsia Equipment to manage: Normal vaginal delivery, Basic Neonatal resuscitation | Standard Team composition list with identified skilled staff Stock List & quantity of clinical consumables | | |

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| EMERGENCY PAEDIATRIC CARE Basic outpatient paediatric care for injuries & endemic diseases | <p>Able to identify & refer severe cases requiring higher level care; (eg:pneumonia, diarrhoeal disease, malaria, measles & malnutrition,etc)</p> <p>Capable of managing conditions like but not limited to Respiratory Tract infection, diarrhoea, & possible malaria and MUAC screening</p> | <p>Standard Team composition list with identified skilled staff</p> <p>Stock List & quantity of clinical consumables</p> <p>Paediatric Pharmacy Stock list & quantity</p> <p>Clinical Guidelines / SOPs</p> | | |
| EMERGENCY CARE CHRONIC DISEASE Basic outpatient emergency care of chronic disease exacerbations | <p>Capable of managing minor exacerbations requiring basic emergent outpatient care</p> <p>Able to identify & refer cases requiring higher level care or ongoing chronic care</p> | <p>Clinical Guidelines / SOPs</p> <p>Stock List & quantity of clinical consumables</p> <p>NCD Pharmacy Stock list & quantity</p> | | |
| MENTAL HEALTH Basic outpatient screening & referral services | <p>Capable of basic psychological first aid care</p> <p>Able to identify & refer patients requiring higher level care or ongoing care for new or pre-existing mental health conditions</p> | <p>Clinical Guidelines / SOPs</p> | | |
| REHABILITATION Basic outpatient screening & referral services | <p>Capable of basic rehabilitation care (get example for rehab guide)</p> <p>Able to identify & refer cases requiring</p> | <p>Clinical Guidelines / SOPs</p> <p>Stock List & quantity of clinical consumables</p> | | |

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| | <p>higher level care or ongoing rehabilitation care</p> <p>Equipment to manage;</p> <ul style="list-style-type: none"> • Splinting • Compression bandaging • Crutches / walking sticks | | | |
| <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 50 pts/ day</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 clearly labelled (in local language where possible) & are individually dispensed with authorised prescription</p> <p>A register of all scheduled / controlled</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 | | |

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| | <p>substances & dispensing is maintained.</p> <p>Medication list should include;</p> <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 <p><i>Medications should be taken from WHO Essential Medication list</i></p> | <ul style="list-style-type: none"> • Medication controlled substances register • Vaccinations register | | |
| RADIOLOGY Not provided | Not provided. Able to identify & refer cases to higher level care requiring diagnostic imaging | Not applicable | | |
| STERILIZATION Basic steam autoclave or disposable equipment | <p>Capable of gross decontamination, cleansing & steam sterilisation at logistics base of operations; or</p> <p>Sufficient supplies of disposable equipment for 14 days</p> | <p>Infection, Prevention & Control SOP</p> <p>List of Sterilisation equipment & SOPs</p> <p>Stock list & quantity of disposable equipment</p> | | |
| LOGISTICS Self-sufficient Team & Outpatient facility 14 days | Capable meeting minimum SPHERE, and WHO drinking water, sanitation & hygiene standards for outpatient & team requirements for 14 days | Sample Camp Shelter footprint; Includes provisions for team living & mobile clinical facilities | | |

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| | <p>Visual map footprint plan outlining provisions for following;</p> <p>Water 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 Toilets and hygiene areas for team in the base of operations (culturally and gender appropriate) Toilet solution for team while working in mobile clinic</p> | <p>Estimated water usage/day calculation; SOPs for maintenance/access</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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| | Communications Mobile & Satellite phones Radios Data transfer; email or fax Transport Plans for team & equipment movement to provide daily mobile clinics 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 50 consultations per day | Doctors trained Emergency & Primary care (min 3) Nursing & Paramedic staffing Ratio 1:3 (Doctor: Nurse) Logistic staff s to support team self-sufficiency requirements and mobile outpatient operations | Standard Team profile & composition list Sample Clinical Staffing 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 50 consultations per day with appropriate lightweight furniture <ul style="list-style-type: none"> Triage/waiting area Consultation area No requirement overnight / inpatient services | Identified structure and equipment list Map of; <ul style="list-style-type: none"> Clinic design Patient flow | | |

