



World Health
Organization

Emergency Medical Team Coordination Cell

Situation Report

Reporting Period:

☐ **Daily** (24-hour period up to and including 16.59pm)

Date: dd/mm/yyyy

☐ **Weekly** (7-day period up to and including day of report)

Week End Date: dd/mm/yyyy

Location: _____

A. Situation Overview

B. Emergency Medical Teams

1. Current EMT Capacity (number of teams):

	NEW this Period	EXITS this Period	Current TOTAL	Type 1 Mobile	Type 1 Fixed	Type 2 No Facility	Type 2 with Facility	Type 3	Special Cell: <i>Specify</i>	Special Cell: Other
Operational <i>Tasked and deployed to site</i>										
Awaiting <i>Awaiting tasking or deployment</i>										
TOTAL										

2. Map of Deployed EMTs

[Attach map of geographical distribution of currently operational and tasked FMTs, color-coded by type. If possible, include existing local resources as well as areas of need or residual gaps]

C. Priority Needs

Location	Needs and Gaps

D. Key Indicators

Number of EMTs Reporting: ### out of ### teams (i.e. proportion of EMTs that are reporting)

Service Demand		Mortality and Morbidity	
Total Outpatient Consultations		Overall (Inpatient) Mortality Rate	
Total Inpatient Admissions		Under 5 (Inpatient) Mortality Rate	
Total Bed Capacity		New Cases of Event-related Trauma	
Average Bed Occupancy		New Cases with Rehabilitation Needs*	
Total Surgical Procedures			
Insert Other Service Indicators		Insert Other Relevant Conditions	

*New Cases with Rehabilitation Needs estimated by sum of new lower limb amputations, external fixations and spinal cord injuries (some duplicate counting will occur)

Are there any indications of a potential outbreak?

- ☐ Yes (if so, what outbreak: _____ and where: _____)
- ☐ No

E. Other Issues

Consider, for example, Safety and Security situation, Environmental issues, Remote Area Access, Gender issues etc.

Report Compiled by: _____ **Signature:** _____

Position: _____

END OF REPORT

EMT Arrivals this Period

EMT Departures this Period

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