



# Self-Assessment Checklist for Emergency Medical Teams

Minimum Standards for Type 1 - Mobile

<b>GUIDING PRINCIPLES</b>				
<b>Principle A QUALITY CARE</b>	<b>EVIDENCE CRITERIA</b>	<b>SUPPORTING DOCUMENTS</b>	<b>MENTOR ASSISTANCE REQUESTED</b>	<b>COMMENTS</b>
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	<i>Indicate ✓ required</i>	
<b>Principle B APPROPRIATE CARE</b>  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		

<p><b>Principle C</b>  <b>EQUITABLE CARE</b></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 &amp;/or Outbreak particularly the vulnerable.</p>	<p>Declared compliance &amp; ability to meet principle during deployment</p>	<p>Written statement on behalf Organisation</p>		
<p><b>Principle D</b>  <b>ETHICAL CARE</b></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 &amp; ability to meet principle during deployment</p>	<p>Written statement on behalf Organisation</p>		

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

<b>CORE STANDARDS</b>				
<b>Standard A. GLOBAL &amp; NATIONAL COORDINATION</b>	<b>EVIDENCE DESCRIPTORS</b>	<b>SUPPORTING DOCUMENTS</b>	<b>MENTOR ASSISTANCE REQUESTED</b>	<b>COMMENTS</b>
<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 &amp; upon arrival in country with;</p> <ul style="list-style-type: none"> <li>• Host Government (including HEOC/NDMA)</li> <li>• United Nations / World Health Organisation (VOSOCC, OSOCC &amp; RDC)</li> <li>• WHO EMT Secretariat (EMTCC)</li> <li>• Global Health Cluster (where relevant)</li> </ul>	<p>VOSOCC account</p> <p>EMT Registration forms</p>	<p><i>Indicate ✓ required</i></p>	
<p><b>Standard B. GLOBAL CLASSIFICATION</b></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 &amp; composition list</p>		

**EMT TYPE 1 – MOBILE**

*OUTPATIENT EMERGENCY CARE - MOBILE CLINIC*

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<p><b>Standard C. REPORTING</b></p> <p>Report at regular intervals during response, and prior to departure, via Ministry of Health &amp; WHO using the identified national or international reporting format.</p>	<p>Reporting templates compliant with international formats;</p> <ul style="list-style-type: none"> <li>• Host MOH</li> <li>• EMTCC</li> <li>• VOSOCC</li> </ul> <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"> <li>• EMT Registration</li> <li>• Clinical Activity summary (MDS)</li> <li>• Exit report</li> </ul>		
<p><b>Standard D &amp; E. MEDICAL RECORDS</b></p> <p>Keep confidential medical records of interventions, clinical monitoring and possible complications.</p> <p>Provide patient with individual record of treatment performed &amp; 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 &amp; referral documentation (in appropriate language) with ability to provide duplicate copies to patient &amp; MOH.</p> <p>Clinical documentation Informed consent (in appropriate language).</p>	<p>Sample forms;</p> <ul style="list-style-type: none"> <li>• Outpatient Individual Patient record</li> <li>• Referral forms</li> <li>• Triage register or logbook</li> <li>• Consent forms</li> </ul>		

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<p><b>Standard F. REFERRAL CAPACITY</b></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 &amp; 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><b>Standard G. QUALIFIED &amp; CREDENTIALLED</b></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 &amp; record individual health team members clinical credentials</p> <p>Provisions for process to ensure validity &amp; 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>		

<p><b>Standard H</b>  <b>TRAINING &amp; SKILL MIX</b></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 &amp; ratios with minimum skill criteria requirements by profession</p> <p>Defined training curriculum &amp; 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 &amp; capability below )</i></p>	<p>Standby list all personnel &amp; demonstrable roster system</p> <p>Individual team role descriptions</p> <p>Training curriculum &amp; continuum overview</p> <p>List team members training records &amp; currency</p>		
<p><b>Standard I</b>  <b>INTERNATIONAL PHARMACEUTICAL STANDARDS</b></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 &amp; 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><b>Standard J SELF-SUFFICIENCY</b></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 &amp; clinical areas</p> <p>List of all logistical supplies for 14 days self-sufficiency;</p> <ul style="list-style-type: none"> <li>• Pallet /cubic metres</li> <li>• weight estimate</li> </ul> <p>List of clinical consumables; equivalent 14 days self-sufficiency;</p> <ul style="list-style-type: none"> <li>• Pallet /cubic metres</li> <li>• weight estimate</li> </ul>		
<p><b>Standard K SANITATION &amp; WASTE MANAGEMENT</b></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 &amp; Control standards for team and outpatient care facilities</p> <p><i>(Refer Technical standards Medical and General Waste,below)</i></p>	<p>Water, Sanitation &amp; Hygiene management SOPs;</p> <ul style="list-style-type: none"> <li>• distribution map &amp; quantity of toilets and hand washing stations</li> <li>• quality checks for the water</li> </ul> <p>Waste management SOPs;</p> <ul style="list-style-type: none"> <li>• Clinical</li> <li>• General</li> </ul>		

<p><b>Standard L.</b>  <b>INDEMNITY &amp; MALPRACTICE</b></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 &amp; grievance SOPs</p>	<p>Copy of Indemnity &amp; malpractice insurance for deployed health professionals</p> <p>Patient complaint &amp; grievance SOPs</p>		
<p><b>Standard M</b>  <b>TEAM HEALTH &amp; WELFARE</b></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 &amp; mental suitability pre-screening          Vaccinations &amp; prophylactic medications          Uniform &amp; personal equipment</p> <p>Appropriate plans for of team members whilst deployed in the event;          Safety, Security &amp; Critical Incidents          Emergency medical care &amp; 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 &amp; evacuation plans for deployed team</p> <p>Safety &amp; Security SOPs</p>		
<p><b>TECHNICAL STANDARDS – TYPE 1 MOBILE</b></p>				
<p><b>INITIAL ASSESSMENT &amp; TRIAGE</b>          Initial &amp; Field</p>	<p><b>EVIDENCE DESCRIPTORS</b></p> <p>Recognised Triage systems for :          -management of outpatients presenting</p>	<p><b>SUPPORTING DOCUMENTS</b></p> <p>Clinical Guidelines / SOPs</p>	<p><b>MENTOR ASSISTANCE REQUESTED</b></p> <p><i>Indicate ✓ required</i></p>	<p><b>COMMENTS</b></p>

	for emergency care and - management of patients for a mass casualty incident	Stock List & quantity of clinical consumables		
<b>RESUCITATION</b> Basic first aid & life support	Basic life support capacity; Oropharyngeal airway management Haemorrhage control IV fluid management			
<b>PATIENT STABILIZATION &amp; REFERRAL</b> 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		
<b>WOUND CARE</b> 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		
<b>FRACTURE MANAGEMENT</b> Basic fracture management	Basic splinting & Plaster of Paris application	Clinical Guidelines / SOPs  Stock List & quantity of clinical consumables		
<b>ANAESTHESIA</b> 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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<p><b>SURGERY</b> Minor outpatient procedures</p>	<p>Invasive Surgical procedures are <u>not</u> provided; Minor procedures under adequate sterility, local anaesthesia &amp; analgesia only (eg: wound washout, simple incision and drainage,etc)</p>	<p>Clinical Guidelines / SOPs  Stock List &amp; quantity of clinical consumables</p>		
<p><b>INTENSIVE CARE</b> Not provided</p>	<p>Not applicable</p>		<p>Not applicable</p>	
<p><b>COMMUNICABLE DISEASE CARE</b> Basic outpatient care</p>	<p>WHO Standard Clinical diagnostic pathways; Disease Early Warning surveillance tools  Ability to treat Suspected cases with drugs from the WHO Essential medicines list</p>	<p>Clinical Guidelines / SOPs  Sample DEWS forms  Infection Prevention &amp; Control SOPs and equipment list (eg: Personal protective equipment/PPE)  Pharmacy Stock list &amp; quantity</p>		
<p><b>EMERGENCY OBSTETRIC CARE</b> Basic emergency obstetric care (BEOC)</p>	<p>Capable safe uncomplicated delivery with midwifery level care;  Ability to recognise, begin management and refer: multiple births, breech delivery, Infection, Haemorrhage &amp; Eclampsia  Equipment to manage: Normal vaginal delivery, Basic Neonatal resuscitation</p>	<p>Standard Team composition list with identified skilled staff  Stock List &amp; quantity of clinical consumables</p>		

<p><b>EMERGENCY PAEDIATRIC CARE</b>          Basic outpatient paediatric care for injuries &amp; endemic diseases</p>	<p>Able to identify &amp; refer severe cases requiring higher level care;          (eg:pneumonia, diarrhoeal disease, malaria, measles &amp; malnutrition,etc)</p> <p>Capable of managing conditions like but not limited to Respiratory Tract infection, diarrhoea, &amp; possible malaria and MUAC screening</p>	<p>Standard Team composition list with identified skilled staff</p> <p>Stock List &amp; quantity of clinical consumables</p> <p>Paediatric Pharmacy Stock list &amp; quantity</p> <p>Clinical Guidelines / SOPs</p>		
<p><b>EMERGENCY CARE CHRONIC DISEASE</b>          Basic outpatient emergency care of chronic disease exacerbations</p>	<p>Capable of managing minor exacerbations requiring basic emergent outpatient care</p> <p>Able to identify &amp; refer cases requiring higher level care or ongoing chronic care</p>	<p>Clinical Guidelines / SOPs</p> <p>Stock List &amp; quantity of clinical consumables</p> <p>NCD Pharmacy Stock list &amp; quantity</p>		
<p><b>MENTAL HEALTH</b>          Basic outpatient screening &amp; referral services</p>	<p>Capable of basic psychological first aid care</p> <p>Able to identify &amp; refer patients requiring higher level care or ongoing care for new or pre-existing mental health conditions</p>	<p>Clinical Guidelines / SOPs</p>		
<p><b>REHABILITATION</b>          Basic outpatient screening &amp; referral services</p>	<p>Capable of basic rehabilitation care (get example for rehab guide)</p> <p>Able to identify &amp; refer cases requiring</p>	<p>Clinical Guidelines / SOPs</p> <p>Stock List &amp; 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"> <li>• Splinting</li> <li>• Compression bandaging</li> <li>• Crutches / walking sticks</li> </ul>			
<p><b>LABORATORY &amp; BLOOD TRANSFUSION</b></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"> <li>• Blood Glucose</li> <li>• Urine dipstick analysis</li> <li>• Haemocue / Haemoglobin</li> <li>• Malaria</li> <li>• Other as indicated</li> </ul>	<p>Stock list &amp; quantity:</p> <ul style="list-style-type: none"> <li>• Rapid Detection tests</li> <li>• Sample &amp; specimen consumables</li> </ul> <p>Clinical guidelines / SOPs</p> <p>Sample Laboratory reporting forms / documentation</p> <p>Cold chain &amp; storage SOPs; including quality checks</p>		
<p><b>PHARMACY &amp; DRUG SUPPLY</b></p> <p>Outpatient drug supply to treat 50 pts/ day</p>	<p>Stock within expiry date &amp; licenced for use in country of origin</p> <p>Cold chain compliance / equipment; Includes contingencies &amp; quality checks</p> <p>Medications are clearly labelled (in local language where possible) &amp; are individually dispensed with authorised prescription</p> <p>A register of all scheduled / controlled</p>	<p>Pharmacy Stock list &amp; quantity</p> <p>Cold chain maintenance SOPs; including quality checks</p> <ul style="list-style-type: none"> <li>• Sample Medication dispensing labels</li> <li>• Medication administration / dispensary register</li> </ul>		

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

	<p>Visual map footprint plan outlining provisions for following;</p> <p><b>Water</b>  Potable drinking water &amp; hand washing  Min 5L per outpatient/day and 60L team member/day</p> <p><b>Power &amp; lighting</b>  Sufficient to light/power clinical patient areas, toilets and staff living area</p> <p><b>Food</b>  Sufficient for entire team and anticipated patient needs for 14 days</p> <p><b>Shelter</b>  Separate staff accommodation area</p> <p><b>Medical &amp; General waste disposal</b>  Specific technical compliance with safe handling/disposal as per international guidelines;  Bodily Fluids &amp; waste  Sharps &amp; Medications  Chemicals</p> <p><b>Sanitation</b>  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 &amp; access</p> <p>Food Stock list &amp; quantity</p> <p>Identified temporary staff accommodation / shelter &amp; quantity</p> <p>General &amp; Medical waste management SOPs;  Including disposal plans &amp; equipment</p> <p>Sanitation plan &amp; SOPs;  Includes estimated number &amp; type</p> <p>ICT Stock list, type &amp; quantity</p> <p>Identified transport plans &amp; SOPs</p>		
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	<p><b>Communications</b> Mobile &amp; Satellite phones Radios Data transfer; email or fax</p> <p><b>Transport</b> Plans for team &amp; equipment movement to provide daily mobile clinics Plans for patient referral &amp; transfer if required</p>			
<p><b>EMT SIZE &amp; CAPABILITY</b> Staff skilled in Emergency &amp; Trauma care, Maternal &amp; Child Health, and knowledge of endemic disease management for minimum 50 consultations per day</p>	<p>Doctors trained Emergency &amp; Primary care (min 3)</p> <p>Nursing &amp; Paramedic staffing Ratio 1:3 (Doctor: Nurse)</p> <p>Logistic staff s to support team self-sufficiency requirements and mobile outpatient operations</p>	<p>Standard Team profile &amp; composition list</p> <p>Sample Clinical Staffing</p> <p>Clinical Service delivery Guidelines / SOPs;</p> <ul style="list-style-type: none"> <li>• Emergency &amp; Trauma Care</li> <li>• Maternal &amp; Child Health</li> <li>• Primary &amp; Endemic health</li> </ul>		
<p><b>EMT CAPACITY</b> Rapidly deployable temporary shelter outpatient clinic</p>	<p>Environmentally suitable for at least 50 consultations per day with appropriate lightweight furniture</p> <ul style="list-style-type: none"> <li>• Triage/waiting area</li> <li>• Consultation area</li> </ul> <p>No requirement overnight / inpatient services</p>	<p>Identified structure and equipment list</p> <p>Map of;</p> <ul style="list-style-type: none"> <li>• Clinic design</li> <li>• Patient flow</li> </ul>		

