



Self-Assessment Checklist for Emergency Medical Teams

Minimum Standards for Type 2

| 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 | <i>Indicate ✓required</i> | |
| 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 | | | | |
| <p>Standard A. GLOBAL & NATIONAL COORDINATION</p> | 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 & Inpatient Individual Patient record • Triage register • Births & deaths register • Consent forms | | |

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INPATIENT SURGICAL EMERGENCY CARE

WHO CLASSIFICATION PROGRAM
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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 2= 100 outpts/20 inpts/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 patient 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;</p> <ul style="list-style-type: none"> • Medical, physical & mental suitability pre-screening • Vaccinations & prophylactic medications • Uniform & personal equipment <p>Appropriate plans for of team members whilst deployed in the event;</p> <ul style="list-style-type: none"> • Safety, Security & Critical Incidents • Emergency medical care & evacuation | <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 2 | | | | |
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| INITIAL ASSESSMENT & TRIAGE Initial, Field & Surgical | EVIDENCE DESCRIPTORS | SUPPORTING DOCUMENTS | MENTOR ASSISTANCE REQUESTED | COMMENTS |
| | Recognised Triage system for Emergency & Surgical care; including acute Medical & Obstetrics presentations in SOD settings | Clinical Guidelines / SOPs Clinical Guidelines / SOPs Stock List & quantity of clinical consumables | <i>Indicate ✓ required</i> | |
| RESUCITATION Advanced life support & Airway management | Advanced life support capacity; <ul style="list-style-type: none"> • Endotracheal airway management • Non-mechanical ventilation • Thoracostomy & Thoracic catheter insertion • Haemorrhage control • Advanced IV fluid management • Ability to transfuse whole blood | Clinical Guidelines / SOPs Stock List & quantity of clinical consumables | | |
| PATIENT STABILIZATION & REFERRAL Acceptance of referral Advanced stabilisation & referral | Emergency advanced life support & Surgical care with ability to stabilise cases requiring specific specialist level care and transfer to higher level of care | Sample Referral transfer form / documentation Clinical Guidelines / SOPs | | |
| WOUND CARE Full surgical wound care | Rapid assessment, decontamination & extensive surgical debridement of wounds; <ul style="list-style-type: none"> • Delayed primary closure | Clinical Guidelines / SOPs Stock List & quantity of clinical consumables | | |

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| | <ul style="list-style-type: none"> • Inpatient, complex wound care • Skin grafts & basic flaps • Management of burns | <p>Surgical tray set lists</p> <p>Previous deployment surgical activity reports</p> | | |
| <p>FRACTURE MANAGEMENT Advanced fracture management</p> | <p>Conservative & operative fracture management;</p> <ul style="list-style-type: none"> • Inpatient orthopaedic care • Traction • Plaster of Paris application • External Fixation • Surgical amputation | <p>Clinical Guidelines / SOPs</p> <p>Stock List & quantity of clinical consumables</p> <p>Surgical tray set lists</p> <p>Previous deployment surgical activity reports</p> | | |
| <p>ANAESTHESIA Basic general anaesthesia</p> | <p>Adult & Paediatric Anaesthesia care;</p> <ul style="list-style-type: none"> • Regional anaesthesia • General anaesthesia • Resuscitation with airway control; including surgical airway & fluid management • Supplemental oxygen / oxygen concentrator • Basic airway adjuncts • Self-inflating breathing bags • Suction • Cold chain & drug control; including locked drug storage <p>Basic non-invasive monitoring;</p> <ul style="list-style-type: none"> • Heart rate • Blood pressure • Oxygen saturations | <p>Clinical Guidelines / SOPs</p> <p>Stock List & quantity of clinical consumables</p> <p>Sample Peri & post-operative Anaesthesia care forms</p> <p>Previous deployment Anesthetics activity reports</p> | | |

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| | Perioperative day & inpatient recovery nursing care | | | |
| <p>SURGERY Emergency surgical care (including obstetrics & gynaecology)</p> | <p>Invasive Adult & Paediatric Surgical procedures;</p> <ul style="list-style-type: none"> • General surgical including laparotomy & elective care • Contaminated wound care (<i>refer above</i>) • Fracture management (<i>refer above</i>) • Emergency Obstetric care including Caesarean section (<i>refer below</i>) <p>Surgical documentation;</p> <ul style="list-style-type: none"> • Informed consent • Procedure records • Safe surgery checklist <p>Physical structure requirements OT; Dedicated area with access control</p> <ul style="list-style-type: none"> • Hand washing & hygiene facilities • Washable floors & walls • Ability to climate & vector control • Recovery room <p>Operating table with pressure area control/protection</p> <ul style="list-style-type: none"> • Lighting system sufficient to visualise deep intra-abdominal • Electrocautery • Suction | <p>Stock List & quantity of clinical consumables</p> <p>Sample Peri & post-operative Surgical care forms</p> <p>Safe surgery checklist</p> <p>Surgical tray set lists</p> <p>Autoclave sterilisation SOPs; including quality checks</p> <p>Previous deployment surgical activity reports</p> | | |

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| | <ul style="list-style-type: none">• Dressing & Instrument tables• Self-sufficiency power redundancy <p>Sterilisation autoclave & Surgical tray sets capable of;</p> <ul style="list-style-type: none">• Amputation• External fixation• Laparotomy• C-section• Thoracic drain• Wound debridement• Dilatation & Curettage• Traction <p>Consumables & medications sufficient for minimum 200 operations; including</p> <ul style="list-style-type: none">• Aseptic skin wash• Drapes• Clean water @ 100L/patient case• Sterile saline for laparotomy irrigation• Personal Protective Equipment; including ability to change between cases<ul style="list-style-type: none">• Sterile gloves• Gown• Mask• Eye protection <p>Perioperative day & inpatient surgical nursing care</p> | | | |
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| <p>INTENSIVE CARE Not provided</p> | <p><i>Not applicable</i></p> | | | |
| <p>COMMUNICABLE DISEASE CARE Inpatient care</p> | <p>Adult & Paediatric communicable disease care including day & inpatient medical nursing care</p> <p>WHO Standard Clinical diagnostic pathways; including Disease Early Warning surveillance (DEWS) tools</p> <p>Ability to treat Suspected cases with WHO Essential medicines list</p> | <p>Clinical Guidelines / SOPs</p> <p>Sample DEWS forms</p> <p>Isolation, Infection Prevention & Control SOPs</p> <p>Pharmacy Stock list & quantity</p> | | |
| <p>EMERGENCY OBSTETRIC CARE Comprehensive emergency obstetric care (CEOC)</p> | <p>Capable safe uncomplicated delivery with midwifery level care & Emergency Caesarean section surgical care</p> <p>Contingencies for;</p> <ul style="list-style-type: none"> • Multiple births • Breech delivery • Infection • Haemorrhage • Eclampsia <p>Equipment to manage;</p> <ul style="list-style-type: none"> • Assisted vaginal delivery • Basic Neonatal resuscitation • Emergency C-Section • Dilatation & curettage • Blood transfusion <p>Perioperative & inpatient midwifery nursing care</p> | <p>Standard Team composition list with identified skilled staff</p> <p>Stock List & quantity of clinical consumables</p> <p>Obstetric Surgical tray set list</p> <p>Obstetric Pharmacy Stock list & quantity</p> <p>Previous deployment</p> <p>Midwifery activity reports</p> | | |

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| <p>EMERGENCY PAEDIATRIC CARE Basic inpatient paediatric care for injuries & endemic diseases</p> | <p>Paediatric care including inpatient surgical & medical care</p> <p>Able to identify & refer severe cases requiring higher level care; pneumonia, diarrhoeal disease, malaria, measles & malnutrition</p> <p>Capable of managing;</p> <ul style="list-style-type: none"> • Respiratory Tract infection • Diarrhoea • possible Malaria • MUAC screening <p>Inpatient paediatric nursing care</p> | <p>Standard Team composition list with identified skilled staff</p> <p>Stock List & quantity of clinical consumables</p> <p>Paediatric Surgical tray set list</p> <p>Paediatric Pharmacy Stock list & quantity</p> <p>Clinical Guidelines / SOPs</p> | | |
| <p>EMERGENCY CARE CHRONIC DISEASE Basic inpatient chronic disease care for acute exacerbations</p> | <p>Capable of managing Adult & Paediatric emergent exacerbations requiring inpatient care</p> <p>Inpatient medical nursing care</p> | <p>Clinical Guidelines / SOPs</p> <p>Stock List & quantity of clinical consumables</p> <p>NCD Pharmacy Stock list & quantity</p> | | |
| <p>MENTAL HEALTH Basic outpatient screening & referral services</p> | <p>Capable of basic psychological first aid care</p> <p>Able to identify & refer cases requiring higher level care or ongoing chronic care</p> | <p>Clinical Guidelines / SOPs</p> | | |
| <p>REHABILITATION</p> | <p>Capable of basic autonomous inpatient</p> | <p>Standard Team composition</p> | | |

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| <p>In and outpatient care & referral services</p> | <p>rehabilitation care;</p> <ul style="list-style-type: none"> • Fractures • Amputations • Peripheral Nerve injury • Burns, grafts & flaps <p>Ability to deliver early inpatient rehabilitation care whilst awaiting specialist referral;</p> <ul style="list-style-type: none"> • Traumatic brain injuries • Spinal injuries <p>Dedicated rehabilitation practitioner (physician/allied health/ specialist nursing) staffing ratio 1 per 20 inpatient beds</p> <p>Able to refer cases requiring higher level care including limb prosthesis or ongoing chronic care</p> <p>Equipment to manage;</p> <ul style="list-style-type: none"> • Splinting • Compression bandaging • Crutches / walking sticks <p>Clinical area thoroughfares accessed by patients are;</p> <ul style="list-style-type: none"> • Flat/even surface where possible • Minimum 90cm wide | <p>list with identified skilled staff</p> <p>Clinical Guidelines / SOPs</p> <p>Stock List & quantity of clinical equipment / consumables</p> | | |
| <p>LABORATORY</p> | <p>Walking Blood bank compliant with WHO</p> | <p>Standard Team composition</p> | | |

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| <p>& BLOOD TRANSFUSION Basic inpatient testing & safe blood transfusion capability</p> | <p>guidelines for Communicable Diseases control in emergencies;</p> <ul style="list-style-type: none"> • Fresh whole blood • other forms blood transfusion from volunteers / family <p>ABO screening;</p> <ul style="list-style-type: none"> • Blood type • HIV • Hep & C • Syphilis rapid testing • Other communicable diseases transmitted via blood transfusion <p>Capable of basic rapid detections tests;</p> <ul style="list-style-type: none"> • Blood Glucose • Urine dipstick analysis • Haemocue / Haemoglobin • Malaria • HIV • Other as indicated <p>Ability to collect Sample Blood & Microbiology specimens for referral testing & transport to another facility</p> | <p>list with identified skilled staff</p> <p>Stock list & quantity:</p> <ul style="list-style-type: none"> • Rapid Detection tests • ABO screening equipment • 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 Drug supply to treat 100 outpts / 20 inpts/ 7 major & 15 minor surgical cases per day</p> <p>Enhanced WHO Essential medication list or equivalent including Surgical & Anaesthetic drugs</p> | <p>Stock within expiry date & licenced for use in country of origin</p> <p>Cold chain compliance / equipment</p> <p>Medications are labelled (in local language where possible) & are individually dispensed with authorised prescription</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 | | |

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| | <p>A register of all scheduled / controlled substances & dispensing is maintained.</p> <p>Enhanced WHO Essential medication list or equivalent, must include;</p> <ul style="list-style-type: none"> • Surgical & Anaesthetic drugs • Oral & parental analgesia • Antibiotics • Tetanus toxoid or Tetanus & Diphtheria • Tetanus Immunoglobulin (or ability access) • Other as indicated to treat anticipated cases | <ul style="list-style-type: none"> • Medication administration / dispensary register • Medication controlled substances register • Vaccinations register | | |
| <p>RADIOLOGY Basic Xray</p> | <p>Able to provide plain Xray; adequate quality for diagnostic use either digitally or film</p> <ul style="list-style-type: none"> • Chest • Pelvis • Spine | <p>Clinical guidelines / SOPs</p> <p>Sample radiology reporting form / documentation</p> | | |
| <p>STERILIZATION Full surgical autoclave with traceability</p> | <p>Capable of gross decontamination, cleansing & steam sterilisation;</p> <p>Sufficient supplies of additional 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> | | |
| <p>LOGISTICS</p> | <p>Capable meeting minimum SPHERE, OCHA</p> | <p>Sample Camp Shelter</p> | | |

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| <p>Self-sufficient Team & Out/Inpatient facility 14 days</p> | <p>and WHO drinking water, sanitation & hygiene standards for entire patient capacity & team requirements for 14 days</p> <p>Visual map Camp footprint plan outlining provisions for following;</p> <p>Water Potable drinking water, hand washing, sterilisation & hygiene needs; Minimum requirements</p> <ul style="list-style-type: none"> • 60L team member/day • 5L per outpatient/day • 40L per inpatient/day • 100L per surgical case <p>Power & lighting Sufficient to light/power clinical patient areas, toilets and staff living area;</p> <p>Redundancy plans to maintain;</p> <ul style="list-style-type: none"> • Environmental control • Cold chain / pharmacy • Autoclave • Operating theatre <p>Food Sufficient for entire team and anticipated inpatient needs for 14 days;</p> <ul style="list-style-type: none"> • Postoperative care • Paediatric / infant care • High calorie nutrition • Culturally appropriate <p>Shelter</p> | <p>footprint; Includes provisions for team living & clinical facilities</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> | | |
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| | <p>Separate staff accommodation area</p> <p>Medical & General waste disposal Specific technical compliance with safe handling/disposal as per international guidelines;</p> <ul style="list-style-type: none"> • Bodily Fluids & waste • Surgical waste • Sharps & Medications • Chemicals <p>Sanitation Min 2 toilets per 100 outpatients and 2 per 20 inpatients</p> <ul style="list-style-type: none"> • Culturally / gender appropriate • Separate team, outpatient & inpatient toilets & hygiene areas <p>Communications</p> <ul style="list-style-type: none"> • Mobile & Satellite phones • Radios • Data transfer; email or fax <p>Transport Plans for;</p> <ul style="list-style-type: none"> • team & equipment movement • patient referral & transfer if required | <p>ICT Stock list, type & quantity</p> <p>Identified transport plans & SOPs</p> | | |
| <p>EMT SIZE & CAPABILITY Staff skilled in Emergency, Trauma</p> | <p>Doctors trained Emergency & Primary care (min 3)</p> | <p>Standard Team profile & composition list</p> | | |

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| <p>Surgical & general medical care, including Paediatric & Maternal Health, and endemic disease management for minimum 100 outpatient consultations, 20 inpatient beds and 7 major/15 minor surgical cases per day</p> | <p>Surgeons trained general surgical orthopaedics & Obstetrics, emergency procedures (min 2)</p> <p>Surgical, Anaesthetic & Obstetrics</p> <p>Staffing ratios 24 hours/day;</p> <ul style="list-style-type: none"> • Surgeon & Anaesthetic 1:1 • Nursing / Technical 5:1 per Operating Table • Nursing & ward beds 1:8 <p>Logistic staff sufficient to support self-sufficiency requirements for both in/outpatient facilities</p> | <p>Sample Clinical Staffing roster / allocations</p> <p>Clinical Service delivery Guidelines / SOPs;</p> <ul style="list-style-type: none"> • Emergency & Trauma Care • Maternal & Child Health • Primary & Endemic health • Surgical care • Inpatient care | | |
| <p>EMT CAPACITY Rapidly deployable temporary shelter outpatient clinic and inpatient facility including surgical operating theatre</p> | <p>Environmentally suitable for at least 100 outpatient consultations/12 hours per day; and 20 inpatient beds and 1 operating table / 24 hours per day for 14 days;</p> <ul style="list-style-type: none"> • Triage/waiting area • Outpatient clinical care areas • Surgical Operating Theatre • Inpatient ward care areas • Sterilisation • Radiology • Pharmacy • Stores & equipment <p>Sufficient non-food items & consumables for inpatient area compliant with Sphere standards;</p> | <p>Pre-Identified structures & specifications</p> <p>Clinical capacity layout map;</p> <ul style="list-style-type: none"> • Clinical care areas • Patient flow • Total number of beds / patients per day | | |

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| | <ul style="list-style-type: none">• Beds/stretchers• Patient gowns/clothing• Individual Bedding per each patient• Hygiene & sanitation assistance | | | |
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