



# Global Emergency Medical Team Classification

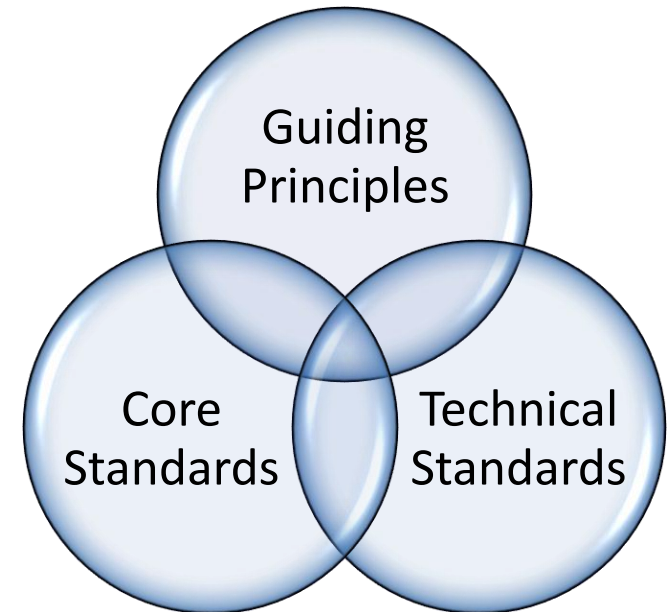
Self-Assessment Minimum Standards Checklist  
Type 3

**EMT TYPE 3**

EMERGENCY CARE OUTPATIENT CLINIC & INPATIENT DEFINITIVE INTENSIVE CARE FACILITY

WHO GLOBAL EMT CLASSIFICATION & VERIFICATION PROGRAM

**SELF-ASSESSMENT MINIMUM STANDARDS**



**Notes:**

Minimum 3 months and maximum 12 months to complete initial Global Classification

Initial Global Classification valid for 5 years\*\*

\*\* Re-classification available from year 3 onwards via:

*EMT Coordination Cell Field Quality visit during active deployment*

*Participation EMT Secretariat endorsed International Field Exercise*

*Global Mentor review & Site visit*

<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		
<b>Principle C EQUITABLE CARE</b>  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><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> <p>I. The patients &amp; communities they assist;</p> <p>II. Host government &amp; MoH;</p> <p>III. Own organization &amp; donors</p>	<p>Declared compliance &amp; ability to meet principle during deployment</p>	<p>Written statement on behalf Organisation</p>		

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<p><b>Principle F INTEGRATED CARE</b></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 &amp; ability to meet principle during deployment</p>	<p>Written statement on behalf Organisation</p>		
<b>CORE STANDARDS</b>				
<p><b>Standard A. GLOBAL &amp; NATIONAL COORDINATION</b></p>	<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>	

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<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>		
<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>Sample Reporting forms;</p> <ul style="list-style-type: none"> <li>• EMT Registration</li> <li>• Clinical Activity summary</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 Medical records;</p> <ul style="list-style-type: none"> <li>• Outpatient &amp; Inpatient Individual Patient record</li> <li>• Triage register</li> <li>• Births &amp; deaths register</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, 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 &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>		

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<p><b>Standard H</b> <b>TRAINING &amp; SKILL MIX</b></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 &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 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 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 &amp; clinical areas</p> <p>List of all logistical supplies @ 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 patient care facilities</p> <p><i>(Refer Technical standards below)</i></p>	<p>Water, Sanitation &amp; Hygiene management SOPs;</p> <ul style="list-style-type: none"> <li>• distribution map &amp; quantity</li> <li>• quality checks</li> </ul> <p>Waste management SOPs;</p> <ul style="list-style-type: none"> <li>• Clinical</li> <li>• General</li> </ul>		

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<p><b>Standard L. 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 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;</p> <ul style="list-style-type: none"> <li>• Medical, physical &amp; mental suitability pre-screening</li> <li>• Vaccinations &amp; prophylactic medications</li> <li>• Uniform &amp; personal equipment</li> </ul> <p>Appropriate plans for of team members whilst deployed in the event;</p> <ul style="list-style-type: none"> <li>• Safety, Security &amp; Critical Incidents</li> <li>• Emergency medical care &amp; evacuation</li> </ul>	<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>		
<b>TECHNICAL STANDARDS – TYPE 3</b>				
<p><b>INITIAL ASSESSMENT &amp; TRIAGE</b> Initial, Field, Surgical &amp; Complex Referral</p>	<p><b>EVIDENCE DESCRIPTORS</b></p>	<p><b>SUPPORTING DOCUMENTS</b></p>	<p><b>MENTOR ASSISTANCE REQUESTED</b></p>	<p><b>COMMENTS</b></p>
	<p>Recognised Triage system for Emergency,</p>	<p>Clinical Guidelines / SOPs</p>	<p>Indicate ✓ required</p>	

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	Surgical & Definitive referral care; including acute Medical & Obstetrics presentations in SOD settings	Clinical Guidelines / SOPs  Stock List & quantity of clinical consumables		
<b>RESUCITATION</b> Advanced life support & assisted ventilation management	Advanced life & intensive care cardiovascular support capacity; <ul style="list-style-type: none"> <li>• Endotracheal airway management</li> <li>• Assisted ventilation</li> <li>• Thoracostomy &amp; Thoracic catheter insertion</li> <li>• Haemorrhage control</li> <li>• Advanced IV fluid management</li> <li>• Ability to transfuse whole blood</li> </ul>	Clinical Guidelines / SOPs  Stock List & quantity of clinical consumables		
<b>PATIENT STABILIZATION &amp; REFERRAL</b> Acceptance of referral Intensive care level stabilisation & management	Emergency, Surgical & intensive advanced life support care with ability to accept stabilised referral cases requiring specific specialist level care	Sample Referral transfer form / documentation  Clinical Guidelines / SOPs		
<b>WOUND CARE</b> Complex reconstructive wound care	Rapid assessment , decontamination & extensive surgical debridement & reconstruction of complex/massive wound deficits including; <ul style="list-style-type: none"> <li>• Delayed primary closure</li> <li>• Inpatient, complex wound care</li> <li>• Skin grafts &amp; basic flaps</li> <li>• Management of burns</li> </ul> Acceptance of complex wound referrals such as;	Clinical Guidelines / SOPs  Stock List & quantity of clinical consumables  Surgical tray set lists  Previous deployment surgical activity reports		

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	<ul style="list-style-type: none"> <li>• Paediatrics</li> <li>• Advanced plastics</li> <li>• Special anatomical sites</li> <li>• Extensive burns</li> </ul>			
<p><b>FRACTURE MANAGEMENT</b> Definitive &amp; complex Orthopaedic care</p>	<p>Conservative, operative &amp; reconstructive fracture management including;</p> <ul style="list-style-type: none"> <li>• Inpatient orthopaedic care</li> <li>• Traction</li> <li>• Plaster of Paris application</li> <li>• External Fixation</li> <li>• Surgical amputation</li> <li>• Orthoplastic reconstruction</li> </ul> <p>In addition, where positive pressure &amp; full sterility Operating Theatre available;</p> <ul style="list-style-type: none"> <li>• Bone grafts</li> <li>• Internal fixation</li> </ul>	<p>Clinical Guidelines / SOPs</p> <p>Stock List &amp; quantity of clinical consumables</p> <p>Surgical tray set lists</p> <p>Previous deployment surgical activity reports</p>		
<p><b>ANAESTHESIA</b> Intermediate general anaesthesia</p>	<p>Adult &amp; Paediatric Anaesthesia care;</p> <ul style="list-style-type: none"> <li>• Regional anaesthesia</li> <li>• General anaesthesia</li> <li>• Gaseous anaesthesia</li> <li>• Advanced resuscitation with airway control; including surgical airway, defibrillation &amp; fluid management</li> <li>• Supplemental oxygen / oxygen concentrator</li> <li>• Intermediate airway adjuncts</li> <li>• Self-inflating breathing bags</li> <li>• Ventilator</li> <li>• Suction</li> </ul>	<p>Clinical Guidelines / SOPs</p> <p>Stock List &amp; quantity of clinical consumables</p> <p>Sample Peri &amp; post-operative Anaesthesia care forms</p> <p>Previous deployment Anesthetics activity reports</p>		

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	<ul style="list-style-type: none"> <li>• Syringe pump</li> <li>• Blood warmer</li> <li>• Nerve stimulator or ultrasound</li> <li>• Cold chain &amp; drug control; including locked drug storage</li> </ul> <p>Advanced-invasive monitoring;</p> <ul style="list-style-type: none"> <li>• Heart rate</li> <li>• Blood pressure</li> <li>• Oxygen saturations</li> <li>• End-tidal CO2</li> </ul> <p>Perioperative day &amp; inpatient Intensive recovery nursing care</p>			
<p><b>SURGERY</b> Emergency, Reconstructive &amp; Specialist surgical care (including obstetrics &amp; gynaecology)</p>	<p>Invasive Adult &amp; Paediatric Reconstructive Surgical procedures;</p> <ul style="list-style-type: none"> <li>• General surgical including laparotomy &amp; elective care</li> <li>• Complex wound care (<i>refer above</i>)</li> <li>• Advanced Fracture &amp; Orthoplastic management (<i>refer above</i>)</li> <li>• Emergency Obstetric care including Caesarean section (<i>refer below</i>)</li> <li>• Complex paediatric</li> <li>• Advanced plastics &amp; Burns</li> </ul> <p>Surgical documentation;</p> <ul style="list-style-type: none"> <li>• Informed consent</li> <li>• Procedure records</li> <li>• Safe surgery checklist</li> </ul>	<p>Stock List &amp; quantity of clinical consumables</p> <p>Sample Peri &amp; 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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	<p>Physical structure requirements OT; Dedicated area with access control</p> <ul style="list-style-type: none"><li>• Hand washing &amp; hygiene facilities</li><li>• Washable floors &amp; walls</li><li>• Ability to climate &amp; vector control</li><li>• Air control (10 micron-filter G4)</li><li>• Recovery room</li></ul> <p>Operating table with pressure area control/protection</p> <ul style="list-style-type: none"><li>• Adaptable to specific procedures</li><li>• Lighting system sufficient to visualise deep intra-abdominal</li><li>• Electrocautery</li><li>• Suction</li><li>• Dressing &amp; Instrument tables</li><li>• Self-sufficiency power redundancy</li></ul> <p>Advanced Sterilisation autoclave (with traceability) &amp; Surgical tray sets capable of;</p> <ul style="list-style-type: none"><li>• Amputation</li><li>• External fixation</li><li>• Laparotomy</li><li>• C-section</li><li>• Thoracic drain</li><li>• Wound debridement</li><li>• Dilatation &amp; Curettage</li><li>• Traction</li><li>• Other Specialised sets (according to profile)</li></ul> <p>Consumables &amp; medications sufficient for minimum 200 operations; including</p>			
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	<ul style="list-style-type: none"> <li>• Aseptic skin wash</li> <li>• Drapes</li> <li>• Clean water @ 100L/patient case</li> <li>• Sterile saline for laparotomy irrigation</li> <li>• Personal Protective Equipment; including ability to change between cases             <ul style="list-style-type: none"> <li>• Sterile gloves</li> <li>• Gown</li> <li>• Mask</li> <li>• Eye protection</li> </ul> </li> </ul> <p>Perioperative day &amp; inpatient Intensive nursing care</p>			
<p><b>INTENSIVE CARE</b> Tertiary national referral centre level inpatient Intensive care</p>	<p>Adult &amp; Paediatric definitive referral Intensive inpatient care (equally matched to the level of pre-existing national tertiary care);</p> <ul style="list-style-type: none"> <li>• Multidisciplinary planned ethical care; limitations, end of life &amp; withdrawal of care decision support</li> </ul> <p>Clear guidelines for acceptance &amp; refusal of referrals</p> <p>Inpatient Intensive surgical, medical &amp; paediatric nursing care</p>			
<p><b>COMMUNICABLE DISEASE CARE</b> Intensive &amp; Specialist referral inpatient care</p>	<p>Adult &amp; Paediatric communicable disease care including complex intensive inpatient care</p>	<p>Clinical Guidelines / SOPs</p> <p>Sample DEWS forms</p>		

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	<p>WHO Standard Clinical diagnostic pathways; including Disease Early Warning surveillance tools</p> <p>Ability to treat Suspected cases with WHO Essential medicines list</p>	<p>Isolation, Infection Prevention &amp; Control SOPs</p> <p>Pharmacy Stock list &amp; quantity</p>		
<p><b>EMERGENCY OBSTETRIC CARE</b> Comprehensive emergency obstetric (CEOC) &amp; Intensive inpatient care</p>	<p>Capable safe uncomplicated delivery with midwifery, Emergency Caesarean section surgical &amp; Intensive Obstetric care</p> <p>Contingencies for;</p> <ul style="list-style-type: none"> <li>• Multiple births</li> <li>• Breech delivery</li> <li>• Infection</li> <li>• Haemorrhage</li> <li>• Eclampsia</li> </ul> <p>Equipment to manage;</p> <ul style="list-style-type: none"> <li>• Assisted vaginal delivery</li> <li>• Basic Neonatal resuscitation</li> <li>• Emergency C-Section</li> <li>• Dilatation &amp; curettage</li> <li>• Blood transfusion</li> </ul> <p>Perioperative &amp; Intensive inpatient midwifery nursing care</p>	<p>Standard Team composition list with identified skilled staff</p> <p>Stock List &amp; quantity of clinical consumables</p> <p>Obstetric Surgical tray set list</p> <p>Obstetric Pharmacy Stock list &amp; quantity</p> <p>Previous deployment Midwifery activity reports</p>		
<p><b>EMERGENCY PAEDIATRIC CARE</b> Child Health Critical care for injuries &amp; endemic diseases</p>	<p>Intensive, surgical &amp; medical Paediatric inpatient care</p> <p>Referral care for severe cases requiring higher level care; pneumonia, diarrhoeal</p>	<p>Standard Team composition list with identified skilled staff</p> <p>Stock List &amp; quantity of clinical consumables</p>		



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	<p>disease, malaria, measles &amp; malnutrition</p> <p>Capable of managing;</p> <ul style="list-style-type: none"> <li>• Respiratory Tract infection</li> <li>• Diarrhoea</li> <li>• Malaria</li> <li>• MUAC screening</li> </ul> <p>Intensive inpatient paediatric nursing care</p>	<p>Paediatric Surgical tray set list</p> <p>Paediatric Pharmacy Stock list &amp; quantity</p> <p>Clinical Guidelines / SOPs</p>		
<p><b>EMERGENCY CARE CHRONIC DISEASE</b> Intensive inpatient chronic disease care for emergency exacerbations</p>	<p>Capable of managing Adult &amp; Paediatric emergent exacerbations requiring intensive inpatient care (to the level of pre-existing national tertiary care)</p> <p>Intensive inpatient medical nursing 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> Outpatient screening &amp; referral existing national services</p>	<p>Capable of basic psychological first aid care</p> <p>Referral of cases requiring emergency care or ongoing chronic care</p>	<p>Clinical Guidelines / SOPs</p>		
<p><b>REHABILITATION</b> Out and Inpatient care with definitive referral services</p>	<p>Capable of complex inpatient trauma rehabilitation care;</p> <ul style="list-style-type: none"> <li>• Fractures</li> <li>• Amputations</li> <li>• Peripheral Nerve injury</li> <li>• Burns, grafts &amp; flaps</li> </ul> <p>Ability to deliver specialist referral inpatient rehabilitation care;</p>	<p>Standard Team composition list with identified skilled staff</p> <p>Clinical Guidelines / SOPs</p> <p>Stock List &amp; quantity of clinical equipment / consumables</p>		

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**SELF-ASSESSMENT MINIMUM STANDARDS**

	<ul style="list-style-type: none"> <li>• Traumatic brain injuries</li> <li>• Spinal injuries</li> <li>• limb prosthesis</li> </ul> <p>Dedicated rehabilitation practitioner (physician/allied health/ specialist nursing) staffing ratio 1 per 20 inpatient beds</p> <p>Designated rehabilitation area minimum 12m<sup>2</sup></p> <p>Equipment;</p> <ul style="list-style-type: none"> <li>• Splints</li> <li>• Compression bandages</li> <li>• Crutches / walking sticks</li> <li>• Walking frames</li> <li>• Wheelchairs</li> <li>• limb prosthesis</li> <li>• Patslide</li> <li>• Pressure relieving mattresses</li> <li>• Foot/ankle Orthosis</li> <li>• Spirometer</li> </ul> <p>Clinical area thoroughfares accessed by patients are;</p> <ul style="list-style-type: none"> <li>• Flat/even surface where possible</li> <li>• Minimum 90cm wide</li> </ul>			
<p><b>LABORATORY &amp; BLOOD TRANSFUSION</b> Advanced inpatient testing &amp; safe blood transfusion capability</p>	<p>Walking Blood bank compliant with WHO guidelines for Communicable Diseases control in emergencies;</p> <ul style="list-style-type: none"> <li>• Fresh whole blood</li> <li>• other forms blood transfusion from volunteers / family</li> </ul>	<p>Standard Team composition list with identified skilled staff</p> <p>Stock list &amp; quantity:</p> <ul style="list-style-type: none"> <li>• Rapid Detection tests</li> <li>• ABO screening</li> </ul>		

	<p>ABO screening;</p> <ul style="list-style-type: none"> <li>• Blood type</li> <li>• HIV</li> <li>• Hep &amp; C</li> <li>• Syphilis rapid testing</li> <li>• Other communicable diseases transmitted via blood transfusion</li> </ul> <p>Ability to collect Sample Blood &amp; Microbiology specimens for referral testing;</p> <p>Blood;</p> <ul style="list-style-type: none"> <li>• Electrolytes</li> <li>• Urea &amp; creatinine</li> <li>• Full blood count</li> <li>• Blood gas analysis</li> </ul> <p>Rapid detection;</p> <ul style="list-style-type: none"> <li>• Blood Glucose</li> <li>• Urine dipstick analysis</li> <li>• Haemocue / Haemoglobin</li> <li>• Malaria</li> <li>• HIV</li> <li>• Other as indicated</li> </ul> <p>Microbiology;</p> <ul style="list-style-type: none"> <li>• Basic culture &amp; sensitivity</li> <li>• Basic gram staining &amp; microscopy</li> </ul>	<p>equipment</p> <ul style="list-style-type: none"> <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> Drug supply to treat 100 outpts and 40 inpts/day</p>	<p>Stock within expiry date &amp; licenced for use in country of origin</p>	<p>Pharmacy Stock list &amp; quantity</p> <p>Cold chain maintenance SOPs;</p>		

**EMT TYPE 3**

EMERGENCY CARE OUTPATIENT CLINIC & INPATIENT DEFINITIVE INTENSIVE CARE FACILITY

WHO GLOBAL EMT CLASSIFICATION & VERIFICATION PROGRAM

**SELF-ASSESSMENT MINIMUM STANDARDS**

<p>Enhanced WHO Essential medication list or equivalent including Surgical, Anaesthetic &amp; Intensive care drugs</p>	<p>Cold chain compliance / equipment</p> <p>Medications are labelled (in local language where possible) &amp; are individually dispensed with authorised prescription</p> <p>A register of all scheduled / controlled substances &amp; dispensing is maintained.</p> <p>Enhanced WHO Essential medication list or equivalent, must 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>• Surgical &amp; Anaesthetic drugs</li> <li>• Intensive care pharmacopeia</li> <li>• Other as indicated to treat anticipated cases</li> </ul>	<p>including quality checks</p> <ul style="list-style-type: none"> <li>• Sample Medication dispensing labels</li> <li>• Medication administration / dispensary register</li> <li>• Medication controlled substances register</li> <li>• Vaccinations register</li> </ul>		
<p><b>RADIOLOGY</b> Basic x-ray &amp; Ultrasound</p>	<p>Xray, adequate quality for diagnostic use either digitally or film;</p> <ul style="list-style-type: none"> <li>• Chest</li> <li>• Pelvis</li> <li>• Spine</li> </ul> <p>Ultrasound, adequate quality for diagnostic use</p>	<p>Clinical guidelines / SOPs</p> <p>Sample radiology reporting form / documentation</p>		
<p><b>STERILIZATION</b> Full surgical autoclave with traceability</p>	<p>Capable of gross decontamination, cleansing &amp; steam sterilisation;</p>	<p>Infection, Prevention &amp; Control SOP</p>		

	<p>Sufficient supplies of additional disposable equipment for 28 days</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; Out/Inpatient facility 28 days</p>	<p>Capable meeting minimum SPHERE, OCHA and WHO drinking water, sanitation &amp; hygiene standards for entire patient capacity &amp; team requirements for 28 days</p> <p>Visual map Camp footprint plan outlining provisions for following;</p> <p><b>Water</b> Potable drinking water, hand washing, sterilisation &amp; hygiene needs; Minimum requirements</p> <ul style="list-style-type: none"> <li>• 60L team member/day</li> <li>• 5L per outpatient/day</li> <li>• 40L per inpatient/day</li> <li>• 100L per surgical case</li> </ul> <p><b>Power &amp; lighting</b> 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"> <li>• Environmental control</li> <li>• Cold chain / pharmacy</li> <li>• Autoclave</li> <li>• Operating theatre</li> </ul>	<p>Sample Camp Shelter footprint; Includes provisions for team living &amp; clinical facilities</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><b>Food</b> Sufficient for entire team and anticipated inpatient needs for 28 days;</p> <ul style="list-style-type: none"> <li>• Postoperative care</li> <li>• Paediatric / infant care</li> <li>• High calorie nutrition</li> <li>• Culturally appropriate</li> </ul> <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;</p> <ul style="list-style-type: none"> <li>• Bodily Fluids &amp; waste</li> <li>• Surgical waste</li> <li>• Sharps &amp; Medications</li> <li>• Chemicals</li> </ul> <p><b>Sanitation</b> Min 2 toilets per 100 outpatients and 2 per 20 inpatients</p> <ul style="list-style-type: none"> <li>• Culturally / gender appropriate</li> <li>• Separate team, outpatient &amp; inpatient toilets &amp; hygiene areas</li> </ul> <p><b>Communications</b></p> <ul style="list-style-type: none"> <li>• Mobile &amp; Satellite phones</li> <li>• Radios</li> <li>• Data transfer; email or fax</li> </ul> <p><b>Transport</b> Plans for;</p> <ul style="list-style-type: none"> <li>• team &amp; equipment movement</li> </ul>	<p>ICT Stock list, type &amp; quantity</p> <p>Identified transport plans &amp; SOPs</p>		
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**EMT TYPE 3**

EMERGENCY CARE OUTPATIENT CLINIC & INPATIENT DEFINITIVE INTENSIVE CARE FACILITY

WHO GLOBAL EMT CLASSIFICATION & VERIFICATION PROGRAM

**SELF-ASSESSMENT MINIMUM STANDARDS**

	<ul style="list-style-type: none"> <li>• patient referral &amp; transfer if required</li> </ul>			
<p><b>EMT SIZE &amp; CAPABILITY</b> Staff skilled in Emergency, Trauma Surgical &amp; Intensive care, including Paediatric &amp; Maternal Health, and endemic disease management for minimum 100 outpatient consultations, 40 inpatient beds including 4 Intensive care and 15 major/30 minor surgical cases per day</p>	<p>Medical Staff</p> <ul style="list-style-type: none"> <li>• Emergency &amp; Primary care (min 3)</li> <li>• General Surgery (min 1)</li> <li>• Orthopaedics (min 1)</li> <li>• Orthoplastics reconstruction</li> <li>• Anaesthetics (min 2)</li> <li>• Intensive care (min 1)</li> <li>• Obstetrics (min 1)</li> <li>• General Physician (min 1)</li> <li>• Rehabilitation (min 1)</li> <li>• Paediatrics (min 1)</li> </ul> <p>Staffing ratios 24 hours/day;</p> <ul style="list-style-type: none"> <li>• Surgeon &amp; Anaesthetic 1:1</li> <li>• Nursing / Technical 5:1 per Operating Table</li> <li>• Nursing &amp; ward beds 1:8</li> <li>• Nursing &amp; Intensive care beds 1:2</li> </ul> <p>Logistic staff sufficient to support self-sufficiency requirements for both in/outpatient facilities</p>	<p>Standard Team profile &amp; composition list</p> <p>Sample Clinical Staffing roster / allocations</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> <li>• Surgical care</li> <li>• Intensive Care</li> <li>• Inpatient care</li> </ul>		
<p><b>EMT CAPACITY</b> Rapidly deployable temporary shelter outpatient clinic and inpatient facility</p>	<p>Environmentally suitable for at least 100 outpatient consultations/12 hours per day; and 40 inpatient beds (inclusive 4 intensive care) and 2 operating tables / 24 hours per day for 28 days;</p>	<p>Pre-Identified structures &amp; specifications</p> <p>Clinical capacity layout map;</p> <ul style="list-style-type: none"> <li>• Clinical care areas</li> </ul>		

**EMT TYPE 3***EMERGENCY CARE OUTPATIENT CLINIC & INPATIENT DEFINITIVE INTENSIVE CARE FACILITY*

## WHO GLOBAL EMT CLASSIFICATION &amp; VERIFICATION PROGRAM

**SELF-ASSESSMENT MINIMUM STANDARDS**

	<ul style="list-style-type: none"><li>• Triage/waiting area</li><li>• Outpatient clinical care areas</li><li>• Surgical Operating Theatre</li><li>• Intensive care area</li><li>• Inpatient ward care areas</li><li>• Rehabilitation area</li><li>• Sterilisation</li><li>• Radiology</li><li>• Pharmacy</li><li>• Stores &amp; equipment</li></ul> <p>Sufficient non-food items &amp; consumables for inpatient area compliant with Sphere standards;</p> <ul style="list-style-type: none"><li>• Beds/stretchers</li><li>• Patient gowns/clothing</li><li>• Individual Bedding per each patient</li><li>• Hygiene &amp; sanitation assistance</li></ul>	<ul style="list-style-type: none"><li>• Patient flow</li><li>• Total number of beds / patients per day</li></ul>		
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