

Implementation Guide

Rapid Response Teams Managers Training Package

RRT Managers Training Package



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Purpose and use of this document

The RRT MTP Implementation Guide was developed to be used by course organizers and facilitators as a step-by-step guiding resource throughout the RRT Management Training Package.

This guide introduces the content, objectives and expected outcomes of the RRT MTP. It describes recommended planning and implementation steps and provides detailed instructions on how to facilitate the RRT Managers Workshop, including objectives of each module and session, instructions for group work, content of scenarios and annexes to be used as templates to be further adapted to country content during the workshop. This guide also includes notes for the debriefing of all sessions.

Important note:

This guide may be adapted by RRT MTP organizers and facilitators, based on the country context and the final/adapted agenda of the workshop.

1. Introduction

The Rapid Response Team Managers Training Package (RRT MTP) is a component of the “[RRT Training Programme](#)” (RRT TP) specifically geared to RRT managers (Figure 1). This blended-learning programme aims to provide RRT managers with the knowledge, skills, attitudes (KSA) and tools they need to ensure that RRTs are effectively established, run, tested, and maintained during preparedness phase; and that RRTs are operational according to set procedures during response phase.

The implementation of this package will ultimately contribute to meeting International Health Regulations (IHR) capacity requirements (more specifically capacity C8 National Health Emergency Framework^[1]) and assist the country in improving its scores on the Joint External Evaluation tool, more specifically R1.4. Activation and coordination of health personnel and teams in a public health emergency^[2]).

Beyond consolidating RRT managers’ knowledge and skills, this package aims at empowering them to be able to apply best practices to strengthen their rapid response program for emergencies, by developing/enhancing national RRT plans, guidelines, and standard operating procedures (SOPs).

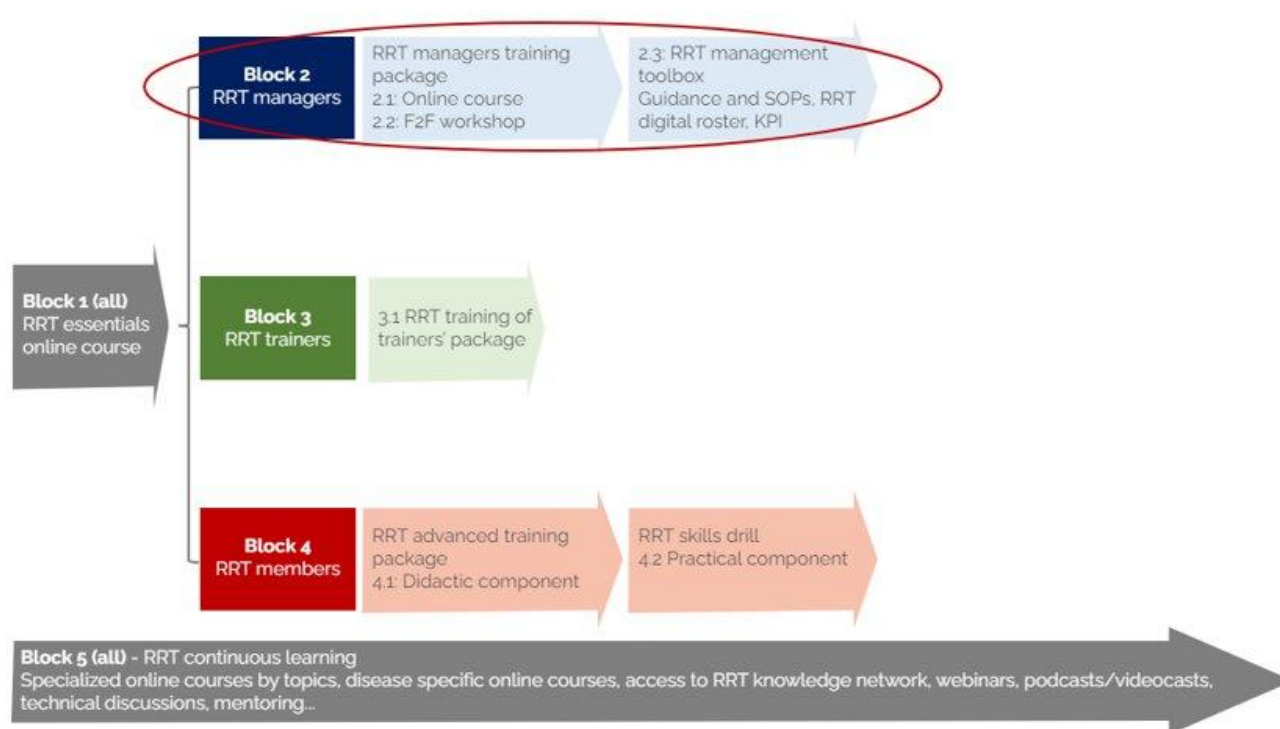


Figure 1: Structure and components of the RRT TP

The Rapid Response Teams Training Package (RRT MTP) is composed of a series of customizable resources grouped into five sub-folders:

1. **Implementation guide and toolbox** (including this guide and 13 accompanying tools)
2. **Resources for facilitators** (including a facilitators preparatory meeting agenda, in-person workshop agenda, a material and equipment checklist, opening session presentation)
3. **Resources for participants** (participant guide)
4. **Content** (PowerPoint presentations, scenarios, instructions for group work)
5. **Evaluation** (tools for evaluation of satisfaction, learning, impact and results levels).

2. RRT Managers Training Package goal, objectives and target

2.1 Goal

The RRT MTP aims to empower Member States to reinforce the capacities and skills of their RRT management teams to ensure that RRTs are effectively established, run, tested, and maintained during preparedness phase, and that RRTs are operational according to set procedures during response phase.

2.2 Objectives

The RRT MTP provides RRT managers with the opportunity to develop or adapt plans, standard operating procedures, and tools to facilitate RRT management, including:

- RRT guidance and standard operating procedures (SOPs) adapted to the country context
- A roster of RRT members adapted to the country context
- An RRT monitoring and evaluation (M&E) framework including RRT key performance indicators (KPIs), and evaluation tools adapted to the country context.
- A plan for RRT management (including administrative aspects, logistics, training, performance evaluation, funding, etc.).

2.3 Target audience

The RRT MTP is geared to professionals having the responsibility to oversee RRTs, usually located at the Public Health Emergency Operations Center (PHEOC) or within an equivalent structure. RRT management teams may include the following roles:

- RRT Manager/Management Lead
- Deployment/Surge Coordinator
- Training Specialist/Coordinator
- Roster Manager/Data Analyst
- Monitoring and evaluation specialist

Besides, and based on countries available human resources, relevant profiles may include:

- Emergency response manager/coordinator positions and/or individuals involved in public health emergency response decision-making
- Rapid response team managers or country equivalents
- EOC managers if they exist in the country's response structure
- Human Resources/Administration/Finance for public health emergency response
- Regional focal points within the country with expertise/focus on cross-border and/or regional responses
- Individuals involved in public health emergency response decision making at the regional, national, and subnational level.

2.4 Expected outcomes

It is expected that at the end of this programme, the RRT management team comes up with draft or consolidated versions of the tools listed below, tailored to their country context:

- Terms of Reference for the RRT management team
- Job profile/description for RRT members
- SOP for staffing and rostering
- A roster for RRTs
- SOP for RRT training
- SOP for RRT activation and pre-deployment
- SOP for deployment, and post deployment of RRTs
- Elements for a code of conduct for RRT members
- A workplan plan for RRT programme
- A budget plan covering RRT activities during both preparedness and emergency phase
- Next steps workplan for country implementation.

Important note:

The above is a comprehensive list of ‘standard’ expected outcomes. Expected outcomes in the context of a specific country would be tailored to its rapid response capacity level and priority needs (as explained in section planning phase below).

3. RRT Managers Training Package implementation steps

Implementing the RRT MTP is a step-by step process that requires a combination of preparatory work at distance, completion of online self-learning modules and an in-person workshop. This may be done over a period of 3 to 4 months, as described in figure 2 below.



Figure 2: RRT Managers Training Package recommended implementation steps

Important note:

Upon completion of the programme, it is recommended to follow up with the country to monitor progress, evaluate its impact and results (6 months and 18 months post-training evaluations).

3.1 Planning phase - customization

1. Preparatory work

Create an RRT Country Stakeholder Team

The creation of a RRT Country Stakeholder Team (RRT CST) is recommended to support and follow-up on all aspects of the implementation of the RRT MTP. The CST may be composed of:

- Ministry of Health/national authorities' representatives, from department or sector in charge of emergency preparedness and response (such as Public Health Emergency Operations Center or equivalent structure)
- Representative of corresponding WHO Regional Office having a responsibility to support emergency preparedness and response
- Representative of WHO Country Office (WHO CO) having a responsibility to support country emergency preparedness and response
- Representatives of Global Outbreak Alert and Response Network (GOARN) partners
- Representatives of selected Public Health Institute and/or local academic institution, covering areas related to health emergency preparedness and response.

In addition to their affiliation and expertise in the technical areas relevant to RRTs, CST members should:

- Be familiar with the national emergency response system
- Have good knowledge and experience with training planification
- Capacity to work collaboratively with team members to achieve results
- Capacity to relate and work well with people of different cultures, gender, and background
- Excellent organizational and monitoring skills.

Set-up regular calls

The RRT CST starts by setting up regular preparatory calls. These calls aim at having a good understanding of the existing rapid response capacities in the country, its specific needs and priorities. Existing relevant documentation is gathered by national counterparts (including, as available: national RRT guidelines and Standard Operational Procedures (SOPs), RRT roster, e-SPAR profile, Joint External Evaluation report, Strategic Risk Assessment Report, relevant Code of Conduct, etc.) and shared with the CST.

Introduce the rapid response capacity development tool (CDT)

The rapid response capacity development tool (CDT), aimed to help the country monitor their rapid response capacity progress, is introduced and handed over to national counterparts for completion. The tool enables to assess and monitor the development of both Rapid Response Teams and Emergency Medical Teams (EMT). However, depending on their priorities, countries may use it to assess and monitor only RRT capacities (the CDT is provided in Excel format, as annex 0 on the RRT MTP toolbox).

2. Identification of country-specific needs and gaps

The documentation and information provided, including the CDT completed, is reviewed and analysed collectively. Specific country needs, gaps and priorities will help tailor the expected outcomes of the programme.

3. Adaptation to country context, participant and facilitator selection

Adaptation to country context

The 'standard' content of the RRT MTP is available on WHO's Health Security Learning Platform, at: <https://extranet.who.int/hslp/package/block-2-rrt-managers-training-package>

Adaptation of the workshop materials to the country context may be carried out in the context of a face-to-face adaptation workshop (2-3 days) involving national trainers selected/experts and/or through virtual group discussions and individual work. These approaches may be combined depending on resources available.

The 'standard' RRT Managers workshop agenda should be revised to focus on achievement of the expected outcomes as determined on the previous step. The content of the workshop should be adapted to the country context, including capacity level but also cultural specificities. Adaptation of the standard content (presentations, exercises) may consist in:

- Selecting the modules/sessions that will meet identified country needs, gaps, priorities.
- Adapting the content of the selected modules to the context of the country. Recommendations listed below provide further guidance on how to adapt the materials.

Some recommendation for adaptation of the materials include:

- All presentations and exercises start with slides that include "Notes to facilitators" in red: these slides provide orientation on content areas that can or need to be customized or completed.
- Information highlighted in yellow is meant to be replaced by country specific information.
- Existing data and references can be replaced by data and references from the national context (including guidelines, SOPs, etc.).
- Existing examples can be replaced drawn from national trainers/experts own professional experience.
- Diseases in scenarios/exercises can be replaced by diseases that are more common/relevant to the country.
- The length of the presentations should be adapted to the time available for the session (as an average, count 15-18 slides for a 30-minutes timeslot). Be aware that exercises require debriefing, plan for sufficient time.
- The content should be prioritized/lightened if the presentations are too detailed and long.
- Proposed changes/modifications should be highlighted (i.e., in red) or added as comments so that they can be easily identified by other team members.
- It is strongly recommended that a focal person compiles all material adapted, and does a final review for consistency check, quality control for presentation length.
- All RRT MW material adapted/finalized can be uploaded into a dedicated platform (MS teams, Dropbox or other) for easy access by experts and facilitation team members.

Important note:

It is recommended that foreseen workshop facilitators are involved in the adaptation of the materials to the country context.

Participant selection

Participant selection is carried out taking into consideration recommended requirements listed below (to be adapted by countries). To ensure an optimal learning experience (particularly during the in-person workshop) it is recommended to select a maximum of 30-32 participants.

Education/qualifications:

- Solid background in any relevant field related to public health, in particular emergency preparedness and response.

Profiles:

- Emergency response manager/coordinator positions and/or individuals involved in public health emergency response decision-making
- Rapid response team managers or country equivalents
- EOC managers if they exist in the country's response structure
- Human Resources/Administration/Finance, Safety and security for public health emergency response
- Regional focal points within the country with expertise/focus on cross-border and/or regional responses
- Individuals involved in public health emergency response decision making at the regional, national, and subnational level.
- District level, public health emergency worker

Skills:

- Leadership skills
- Management skills (including team management)
- Communication skills
- Advocacy skills.

Experience:

- Management of RRTs, RRT roster, or development of pre-deployment, deployment, and post-deployment SOPs
- Response to outbreaks in the field as a RRT member
- Response to a public health emergency and is familiar with the operations of the Incident Management Structure

Other requirements:

- Highly motivated to enhancing RRT capacity and institutionalization in country.
- Computer skills (Word, Excel, and PowerPoint)
- Access to a computer and to the Internet
- Language requirements: speaking and writing English (or any other language in which the training is delivered), working level.

Facilitator selection

The facilitation team may be composed of 3 to 5 persons having the following profiles:

Education/qualifications:

- Solid background in any relevant field related to public health, in particular emergency preparedness and response.
- Solid background in training delivery/facilitation using adult learning methodologies.
- Desired: RRT Training of Trainers certificate of completion.

Skills:

- Good facilitation skills, including capacity to engage and motivate a group of participants through adult learning techniques
- Capacity to work collaboratively with team members to achieve results
- Capacity to relate and work well with people of different cultures, gender, and background
- Excellent communication skills: speaks clearly, adapting communication style and content to the audience; ensures messages have been heard and understood
- Capacity to use and accept constructive criticism to improve performance/learn from experience
- Excellent organizational skills.

Experience:

- Consolidated experience (3 to 5 years) in a technical function/position related to the specific area of expertise
- Training RRTs/emergency responders
- Development of SOPs
- Response to outbreaks in the field
- Response to a public health emergency and is familiar with the operations of the Incident Management Structure

Other requirements:

- Highly motivated to enhance RRT capacity and institutionalization in country.
- Computer skills (Word, Excel, and PowerPoint)
- Access to a computer and to the Internet
- Language requirements: speaking and writing English, working level (or any other training delivery language) working level.

3.2 Implementation phase

4. Self-study

For participants

Prior to the beginning of the RRT MW, participants should complete the [RRT Managers Online Course](#)

The RRT MOC aims to provide RRT managers with the foundational knowledge they need to ensure that RRTs are effectively established, run, tested and maintained during preparedness phase, and that RRTs are operational according to set procedures during response phase. This online component prepares the ground for the in-person workshop, by building understanding of key RRT management concepts and principles common to all participants. It is composed of eight short interactive modules of approximately 30 minutes duration each, including:

Module 1: Establishing and managing Rapid Response teams

Module 2: RRT management in preparedness phase

Module 3: Rapid Response Teams management in emergency phase

Module 4: Rapid Response Teams Monitoring and evaluation

Module 5: Administrative and financial management of RRTs

Module 6: RRT equipment and logistics

Module 7: Responder wellbeing and ethics in preparedness and response
Module 8: RRT manager soft skills

Upon successful completion of each module, learners will be able to download a Certificate of Completion. Once the eight modules are successfully completed, a Certificate of Programme Completion will be generated automatically.

Important note:

It is recommended that the link to access the online course as well as accompanying information is sent to workshop participants at the minimum two weeks prior to starting the in-person workshop.

Template email to be adapted/sent to participants:

Dear participants,

*You have been selected to participate to the Rapid Response Teams (RRT) Managers Workshop that will be held in **venue, country, date.***

The objectives of the RRT Managers Workshop is to provide RRT managers with the knowledge, skills, attitudes and tools they need to ensure that RRTs are effectively established, run, tested, and maintained during the preparedness phase, and that RRTs are operational according to set procedures during response phase.

In order to be prepared to benefit from this workshop we kindly ask to complete the RRT Managers Online Course available on the WHO Health Security Learning Platform (HSLP) at: <https://extranet.who.int/hslp/training/course/view.php?id=386>.

If you do not have an HSLP user account, you will be prompted to create one when clicking on the above link. You will find attached a step-by-step guide on how to register and trouble shoot some common issues.

The online course is composed of 8 short modules (30' each approximately, but no need to complete them all at once). Upon successful completion of a module (80% at final quiz) you will be granted a Certificate of Completion (you can retake the quiz as many times as needed). Once you have completed all 8 modules, the system will automatically generate a Certificate of RRT MOC Completion.

*Please send your Certificate of Course Completion by email to **insert name and email of country team focal point** as soon as you are done, and in any case on **Date (3 days before the start of the workshop) at the latest.***

If you encounter any issues with completion of the online course, please contact Mrs. Paula Gomez (gomezp@who.int).

For facilitators

Prior to the beginning of the RRT MW, it is recommended that facilitators complete the [RRT Managers Online Course](#) . Facilitators should:

- Carefully go through the content of the Rapid Response Teams Managers Training Package that has been adapted to the country context. The standard content of the RRT MTP is

available on this link: <https://extranet.who.int/hslp/package/block-2-rrt-managers-training-package>.

- Participate in facilitation team preparatory meetings (virtually and/or in person) to:
 - Review in detail the training agenda
 - Identify who will cover each session; clarify the roles of each member of the team.
 - On site: double-check availability and test the functioning of equipment and logistics at the training venue: rooms, computers, projector and Internet connection, photocopies, and other supplies.
 - On site: set the training rooms/venue as needed.

Important note:

If some facilitation team members have not been involved on the adaptation of the materials to the country context, it is recommended that they get access to them (i.e., in a Dropbox folder or other) well ahead of the workshop (i.e. three to four weeks in advance).

5. In-person workshop

The **‘Resources for facilitators’** folder includes a checklist of supplies needed for the in-person workshop, and training venue’s required equipment and ideal configuration.

Participants should work in groups of 5 to 7. A printed copy of the annexes (available on the **‘RRT MTP toolbox’** folder) should be provided to groups for each learning outcome following the introduction of group activities. Electronic copies can be sent to participants when necessary.

The participant guide may be provided as hard copy or preferably be shared in electronic format (available on the **‘Resources for participants’** folder).

Important note:

Ahead of the workshop, participants should be asked to bring their computers. There should be at least one computer per group.

Sections 4 and 5 below provide detailed orientation for the facilitation of the in-person workshop.

4. In-person workshop facilitation, content and evaluation

4.1 Facilitator’s roles

Throughout the workshop, facilitators are responsible for:

- Initiating discussion
- Encouraging participation of all participants
- Promoting active learning
- Helping foster participant insights into workshop material
- Keeping the group focused on the topic/activity at hand.
- Support the group to achieve the expected outcomes of each session.

4.2 Useful tips

To introduce each module or session, it is recommended to:

- Ensure you have transferred the results from the carousel brainstorm (see below in section 5, session 1.2) into slides to project them throughout the workshop.
- Ensure you have a second facilitator monitoring time
- Introduce the module/session and outline learning outcomes.
- Highlight the desired key outputs from the module /session.
- Explain that we will take some time to reflect on the relevant outputs from the carousel brainstorm. This reflection will help to identify the components that need to go into the SOP.
- Inform participants that they will be provided with a template for an SOP with things to consider for each section. They are free to adjust and include whatever is relevant for the country – they DO NOT need to include all that is provided in the annexes related to RRT SOPs development, the questions serve as prompts for discussion and thought only.
- When reporting back on discussions and content of the SOPs, ask that each group ONLY reports back what has NOT been previously mentioned by another group as this will ensure we keep to time.
- Ask if there are any questions on the process before the start of each group activity.
- Identify one or two rapporteurs from the national team, who will take notes to support the finalization of the different outcomes of the workshop.
- Designate a moderator for each day or half day.
- Encourage participants and national facilitators to share their experiences related to the country's RRT programme whenever possible.

4.3 Overview of content and methodologies

The RRT MW package is composed of the following modules:

1. RRT management
2. RRT SOP development
3. SOPs for RRT management in preparedness phase
4. SOPs for RRT management in response phase
5. Introduction to RRT programme monitoring and evaluation
6. Financial management of Rapid Response Teams
7. Responder wellbeing and ethics in preparedness and response
8. Rapid response management and soft skills
9. RRT programme planning

Each module includes a facilitator-led brief introduction to the module topic, followed by a group activity that has most of the times the objectives to lead participants to draft/develop country-tailored operational tools (such as plans, budgets, roster, job descriptions, SOPs, etc.) to facilitate RRT management.

The presentations and resources that serve as a basis for the delivery of these modules are available in the '**Content**' folder. The annexes/tools that are mentioned on the presentations and on section 5 below are available on the '**RRT MTP toolbox**' folder.


4.4 Evaluation

Evaluation of the RRT MTP is carried out based on the Kirkpatrick's model for evaluation of learning, that includes four levels. Each level has a specific purpose, and tools are designed accordingly. The evaluation tools listed below are available on the '**Evaluation**' folder:

EVALUATION LEVEL PURPOSE OF EVALUATION	TOOL	WHEN?
Level 1: Reaction To determine areas for improvement on course contents and implementation	Online component: Feedback form	At the end of each module
	F2FW: Final evaluation questionnaire	At the end of the workshop
Level 2: Learning To determine whether learners can demonstrate content knowledge or skills by the end of the course	Online component: Quiz (pass: 80% of correct answers)	At the end of each module
	F2FW: Scenario-based knowledge assessment	At the end of the workshop
Level 3: Transfer To determine whether participants apply their new knowledge and skills in the workplace	Post-training evaluation questionnaire (for participants and their supervisors)	6 months upon completion of the course
Level 4: Results To determine how the learners contribute to the function of their respective organizations as a whole	Post-training evaluation questionnaire (for participants and their supervisors) Rapid Response Capacity Development tool (CDT)	18 months upon completion of the course

4.5 Agenda (final agenda to be copied/pasted here)

Time	DAY 1	DAY 2	DAY 3	DAY 4	DAY 5
08:30-08:45	Registration	Wrap-up of previous day	Wrap-up of previous day	Wrap-up of previous day	Wrap-up of previous day
08:45-09:00					
09:00-09:15	Opening session Welcome (MoH, WHO) Introductions, expectations Workshop objectives and content Security and sexual misconduct briefing Group photo	2.1 Defining Standard Operating Procedures	7.4 Introduction to PRSEAH	8.4 Mini-scenario: conflict resolution	8.7 Group activity: Advocacy for RRT programme implementation
09:15-09:30		2.2 Introduction to SOP development	7.5 Group activity: Code of conduct and PRSEAH		
09:30-09:45					
09:45-10:00		2.3 Group activity 2: Assessing an SOP example	3.7 Group activity: Administrative considerations SOP	8.5 Communication	9.2 Planning for RRT programme
10:00-10:15					
10:15-10:30					
10:30-11:00	Coffee break				
11:00-11:15	1.1 Rapid Response Capacity in [Country]	2.3 Group activity 2: Assessing an SOP example	3.7 Group activity: Administrative considerations SOP	4.4 Group activity: RRT deployment SOP	9.3 Group activity: RRT programme work plan development
11:15-11:30	1.2 Group activity: Brainstorming session : The country RRT experience	3.1 Introduction to staffing and rostering	3.8 Introduction to RRT training		
11:30-11:45		3.4 Group activity 2: Developing an RRT roster adapted to your country		3.9 Group activity: RRT training SOP development	
11:45-12:00					
12:00-12:15					
12:15-12:30					
12:30-13:30	Lunch break				
13:30-13:45	1.3 Introduction to RRT management	3.3 Group activity: RRT staffing and rostering SOP	3.9 Group activity: RRT training SOP development	7.1 Responder wellbeing	9.3 Group activity: RRT programme work plan development
13:45-14:00	1.4 Composing the RRT management team		4.1 RRT activation and pre-deployment	5.1 M&E: definitions and concepts	9.4 Group activity: Development of RRT programme budget plan
14:00-14:15				5.2 RRT M&E in preparedness and response	
14:15-14:30	8.1 Roles of a manager and required skillsets	3.6 RRT readiness and admin considerations	4.2 Group activity: RRT activation and pre-deployment SOP	5.3 RRT M&E key performance indicators	9.5 Next steps
14:30-14:45	8.2 Team management			6.1 Budgeting and financial resource utilization	
15:00-15:15	1.5 Group activity: Composing/ strengthening the RRT management team	6.2 Budgetary plan and financial sustainability			
15:15-15:30					
15:30-16:00	Coffee break				
16:00-16:15	1.5 Group activity: Composing/ strengthening the RRT management team	7.2 Ethics and code of conduct	4.2 Group activity: RRT activation and pre-deployment SOP	4.6 Group activity: RRT post-deployment SOP	Final evaluation and closing
16:15-16:30	2.3 Criteria for good SOPs: group activity 1: How to drink from a water bottle	7.3 Group activity: Ethics mini-scenarios	8.3 Conflict resolution		
16:30-16:45					
16:45-17:00					
17:00-17:15	Evaluation day 1	Evaluation day 2	Pre-deployment briefing	Evaluation day 4	

RAPID RESPONSE TEAMS
TRAINING

5. Module's objectives, instructions for group work, templates and debriefing

Important note:

The sessions of the workshop are described below under each module, in sequence from the 1st to the 9th. However, they may not be delivered in this chronological order (such as in the recommended agenda in section 4.5 above). Besides, some sessions described here are not included on the recommended agenda, but you may decide to include them on your customized agenda. Workshop organizers/facilitators are invited to:

- 1) Customize/finalize the workshop agenda.
- 2) Order/re-order the workshop sessions on this guide accordingly and delete those that will not be delivered.
- 3) Order/re-order the workshop sessions on the participant guide according to the final version of the agenda as well.

Module 1: RRT management in country

Module 1 objectives

At the end of this module, participants will be able to:

- Describe how RRTs and the RRT programme functions in the country
- Explain where RRTs are located within national emergency preparedness and response infrastructure
- Explain functional and hierarchical relationships and reporting lines for RRTs including subnational levels
- Describe the roles/functions needed on the RRT management team

Session 1.1 Rapid response capacity in country		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> • Explain how RRTs are established within country's national health emergency preparedness and response framework /system • Describe how RRTs at the different levels of the system are activated • Explain the link between RRTs and other response actors in country 	
Duration	30'	

Session 1.2 Group activity: Brainstorming session: The country RRT experience		Logistics
Methodology	Facilitator-led carousel brainstorm	Plenary room, computer, projector, 12 Flipcharts with a definition
Learning objectives	<ul style="list-style-type: none"> • Reflect on the Country RRT experience • Identify, in relation to 12 RRT functionality areas: what is working well, what needs to be strengthened, possible solutions 	
Preparation for	• Pre-set up one flipchart with area definition for each of the 12	

the session	<p>areas of focus:</p> <ol style="list-style-type: none">1.RRT management2.RRT job descriptions3.RRT staffing and rostering4.RRT readiness and admin considerations5.RRT training6.RRT activation and pre-deployment7.RRT deployment8.RRT post-deployment9.RRT budget and financing10.RRT wellbeing11.RRT ethics and code of conduct12.RRT communication<ul style="list-style-type: none">○ What went well / what needs strengthening during the activation and pre-deployment phases of the RRT?○ What are possible solutions / work arounds to improve the activation and pre-deployment phase? <p>For example:</p> <table><tr><th colspan="2">RRT staffing and rostering</th></tr><tr><td>What is going well?</td><td>What needs strengthening?</td></tr><tr><td colspan="2">What are some possible solutions to strengthen RRT staffing and rostering?</td></tr></table> <ul style="list-style-type: none">● Stick these up on the walls around the room, spacing a little, so groups can stand at each station and discuss.	RRT staffing and rostering		What is going well?	What needs strengthening?	What are some possible solutions to strengthen RRT staffing and rostering?		of each station area posted on walls and markers for each station
RRT staffing and rostering								
What is going well?	What needs strengthening?							
What are some possible solutions to strengthen RRT staffing and rostering?								
Instructions	<p>Introducing the session (5 min)</p> <ul style="list-style-type: none">● Explain that the large group will be broken into smaller groups of 3-4.● Each group will stand at one station and be given 3 to 4 minutes to brainstorm and write down their group’s perspective on the topic.● This is meant as a quick brainstorm so don’t worry if you don’t get all your points down before you are asked to move along – one of the other groups are likely to capture what you didn’t have time to put down and you will have a chance at the end when we report back to add anything missed.● The facilitator is going to set their phone timer to 3 or 4 min – when you hear the alarm you must move on to the next station and add to what the previous group has put down. If you agree with something they have said you can add an asterix next to it. ONLY add new points that have not yet been captured by the previous group/s.● The aim is to get a snapshot for each of the main topic area’s that we will be covering this week related to RRT functionality. We will revisit these during specific sessions, and they will help you identify key areas that need to be included in the SOPs for each area.							

	<ul style="list-style-type: none"> Ask if there are any questions on the process? 	
	<p>Carousel brainstorm (50 min)</p> <ul style="list-style-type: none"> Break the group into groups of 3-4 and ask them to move to a flipchart. Set timer for 4 min and begin the brainstorm (other facilitators to move between groups and help prompt discussion as needed) <p>Debriefing (5 min)</p> <ul style="list-style-type: none"> The facilitator should debrief the session, informing participants that a summary of each station will be used to develop SOPs during the workshop. No need to make presentations of the group work as long as the summary of each station will be presented and discussed during the week. 	
Output	<ul style="list-style-type: none"> The country teams lived experience of key areas to be included in the SOP with identified proposed solutions to improve RRT efficiency and effectiveness. 	
Duration	60'	
Post session instructions	<ul style="list-style-type: none"> A facilitator should collate the content of each flipchart onto a slide for ease of referral during the various sessions throughout the week. At the start of each group activity the relevant slide should be referred to. This will help to provide a contextual foundation to development of the SOP. 	Session outputs

Session 1.3 Introduction to RRT management		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> Define Rapid Response Teams Introduce RRT establishment and management Describe RRT management in preparedness and response phases 	
Duration	30'	

Session 1.4 Composing the RRT management team		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> List key functions that may be included on the RRT management team Explain what the roles of RRT management team members during preparedness and response phases may be 	
Duration	30'	

Session 1.5 Group activity: Composing/strengthening the RRT management team		Logistics
Methodology	Group work	Standard template for
Learning	<ul style="list-style-type: none"> Develop/adapt the Terms of Reference (ToR) of the RRT 	

objectives	management team, tailoring it to the context of country	RRT management team ToRs in electronic format. Plenary room, a computer, a projector, rooms for working groups.
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Ensure you shared the RRT management team ToRs in electronic format with participants Ensure you have transferred the results from the carousel brainstorm to ppt to show later in the session. Ensure you have a second facilitator to monitor time 	
Instructions	<ul style="list-style-type: none"> Depending on the time available and the number of participants: <ul style="list-style-type: none"> Form working groups All groups work on the 4 functions OR each group works on one or two roles/functions. Participants will be given a standard template for RRT management team ToRs (annex 1). Using the table below, template provided as a basis and the summary of brainstorming session on station 1: RRT management, they will respond to the following question: <ul style="list-style-type: none"> Who is responsible for managing the RRT programme in your country? List key management roles/functions and assigned tasks/duties. Then indicate names of people/instances responsible for carrying them out. Consider RRT management as well as resources within the country's emergency response system (e.g., EOC manager also RRT manager, support from the operations section for deployment if using IMS, etc.) Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> RRT management team composition defined ToRs for your country's RRT management team developed using annex 1. 	
Duration	45' group work; 15' presentations	
Post session instructions	<ul style="list-style-type: none"> A workshop rapporteur should collate the content of the group outputs into one document for review and finalization after the workshop 	Rapporteur, session outputs

Participants will use this table to compose the RRT management team in their country and define its ToRs:

Function	Duties/tasks		Name
	Preparedness phase	Response phase	
RRT Manager/ Management Lead			
Deployment/ Surge Coordinator			

Training specialist/Coordinator			
Roster Manager/Data Analyst			
Monitoring and evaluation specialist			

Common questions

- What is the ideal size for the RRT management team?
- This depends on a number of factors including size of the RRT (i.e., number of responders) and programme funding. Some countries have one person that also plays other roles during peacetime, some countries have a few people to take on the various management roles, and some countries have a few people that interchange during the year to take on the various responsibilities.
- What are the main tasks and duties of each member of the RRT management team in the preparation and response phases? (see annex 1)

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 1 content to debrief the session.

Key messages

- RRT management during preparedness and response phases is essential for the establishment of a functional and effective RRT programme
- RRT management aims to improve public health response efficiency and effectiveness through planning, standardized procedures, and coordination with other response activities
- RRT management is closely aligned with IMS principles yet modified/adapted for RRT-specific needs.

Module 2: RRT Standard Operating Procedures development

Module 2 objectives

At the end of this module, participants should be able to:

- Define an SOP
- Identify criteria for good SOPs
- Develop/adopt an SOP template that will be used during this workshop

Session 2.1 Defining Standard Operating Procedures (SOPs)		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer,
Learning objectives	<ul style="list-style-type: none"> • Define an SOP • Describe how an SOP is used 	

Duration	30'	projector
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Session 2.2 Introduction to SOP development		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector
Learning objectives	<ul style="list-style-type: none"> Describe the process of the SOPs development Describe the SOPs' content and format Recall the components of the recommended RRT SOPs 	
Duration	30'	

Session 2.3 Group activity: Criteria for good SOPs		Logistics
Group activity 1: How to Drink from a Water Bottle		
Methodology	Group work	One water bottle per group/table.
Learning objectives	<ul style="list-style-type: none"> Recall the criteria for good SOPs Identify how a SOP can be improved Develop/adapt a country SOP template 	
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Ensure you have one water bottle per group/table. Ensure you have a second facilitator to monitor time 	
Instructions	<ul style="list-style-type: none"> Without being told that the activity consists of writing an SOP, participants will demonstrate the importance of writing clear, concise instructions (a SOP) for others to follow. Make sure there are water bottles on each table One group writes instructions for how to drink from a water bottle for another table to follow and test. Once instructions are written, the participants give their instructions to other groups. Participants at the other groups need to follow the instructions as written to drink from a water bottle. The original group will be asked for their opinion as to whether the instructions were successfully followed. 	
Outputs	<ul style="list-style-type: none"> SOP for drinking water is developed and assessed 	
Duration	15' group work; 15' discussion	

Debriefing

- The facilitator will ask the original table for feedback on whether the instructions were followed successfully.
- If the feeling is no, why? Were the instructions followed? Was something missing from the instructions?

Session 2.3 Group activity: Criteria for good SOPs		Logistics
Group activity 2: Assessing an SOP example		
Methodology	Group work	Printed copies of example of
Learning	<ul style="list-style-type: none"> Recall the criteria for good SOPs 	

objectives	<ul style="list-style-type: none"> Identify how a SOP can be improved Develop/adapt a country SOP template 	SOP for activation and pre-deployment process for Makati's National RRT Programme and scoring rubric
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Ensure you have a second facilitator to monitor time 	
Instructions	<p>Participants will be given an example of SOP for activation and pre-deployment process for Makati's National RRT Programme. They will:</p> <ul style="list-style-type: none"> Analyse the SOP example to critique it and determine how it can be improved Then, score the SOP example with a scoring rubric below. Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> SOP example is assessed using the scoring rubric. 	
Duration	30' group work; 15' presentations	

Example: Makati SOP for activation and pre-deployment process

Introduction	
Purpose	The purpose of this standard operating procedure (SOP) is to outline the activation and pre-deployment procedures of Makati National Rapid Response Team (RRT) in the case of a public health emergency.
Scope	This SOP applies to Makati National RRT management team to assist in determining criteria for RRT program activation and RRT member deployment during a public health emergency.
Key Stakeholders	<p>Ministry of Health and Sanitation</p> <ul style="list-style-type: none"> Provides medical personnel, supplies and logistics, and support coordination. Ministry of Environment Provides information on risk assessment, weather forecast and waste management Ministry of Defense Provides military aid to civil authorities and coordinate cordon search and rescue National Disaster Management Agency (NDMA) Coordinates disaster prevention and mitigation and response, post disaster reconstruction and recovery in Makati Ministry of Finance Provides the necessary funds for deployment Ministry of Internal Affairs Provides local security and civil protection Ministry of Gender and Social Welfare Protects vulnerable population Local Authorities Facilitates community entry, local participation, and support Non-Government Organizations (Makati Red Cross, Healthy World, Veterinarians for Development, Water International) Provides relief items, shelter support, WASH support, medical and psychosocial support International partners (WHO, CDC, UNICEF) Provides technical support and logistics.

	<ul style="list-style-type: none"> • Community based organizations • Supports local coordination • Ministry of Information and Communication • Provides information to the public in a timely manner as the emergency unfolds • Ministry of Transport • Facilitates transportation and evacuation • Other Community Members as needed • Ensures representation of all stakeholders as needed
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Procedure

1. Rapid Response Team Activation

Makati's National Rapid Response Team (NRRT) program receives requests from national, provincial, and local levels for ongoing response efforts. Requests that can be supported by the Makati's NRRT program are:

- Staffing only
 - Staffing requests includes the technical assistance of National RRT members in the field and to the provincial EOC, both virtually and in-person.
- Resources only
 - Resource requests includes equipment that would assist the operations of the local requesting RRT in the field. Resources include:
 - Personal Protective Equipment
 - Data collection equipment (i.e., data collection tablets)
 - Data collection tools/forms (i.e., contact tracing, case investigation, etc.)
 - Specimen collection kits and packaging
 - Transportation
 - Information Education Communication materials (i.e., Posters, leaflets, etc.)
- Staffing and resources
 - Staffing and resource requests can be requested by the local RRT in the field. Staffing and resource requests include all the above. Resources will be supplied with the deployed National RRT member upon deployment as applicable.

1.1 Activation Criteria

Makati's National RRT program will be activated based on the below criteria determined by the National Disaster Management Agency's leadership and Makati's National RRT managers.

Leadership Decision	Approved	Declined
Epidemiology	High R ⁰ High Mortality Rate	Low R ⁰ Low Mortality Rate
Size of outbreak/natural disaster	High number of casualties/cases High level of critical infrastructure damage	Low number of casualties/cases Low level of infrastructure damage
National RRT Capacity	Available technical expertise and resources at national level	Lack of technical expertise and resources at national level
Local RRT	Lack of technical expertise and resources at provincial/district level	Available technical expertise and resources at provincial/local level

Outbreak/natural disaster location/Cross-border	Epidemic prone diseases or public health event of international concern (PHEIC) Cross-border transmission. Local area inaccessible.	Not a public health emergency of international concern. No cross-border transmission. Local area accessible.
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1.2 Official Request Process

Once an official request is sent to country's National RRT program via e-mail and/or by phone call – it must be followed by a formal written request. The official request can be sent by the following methods,

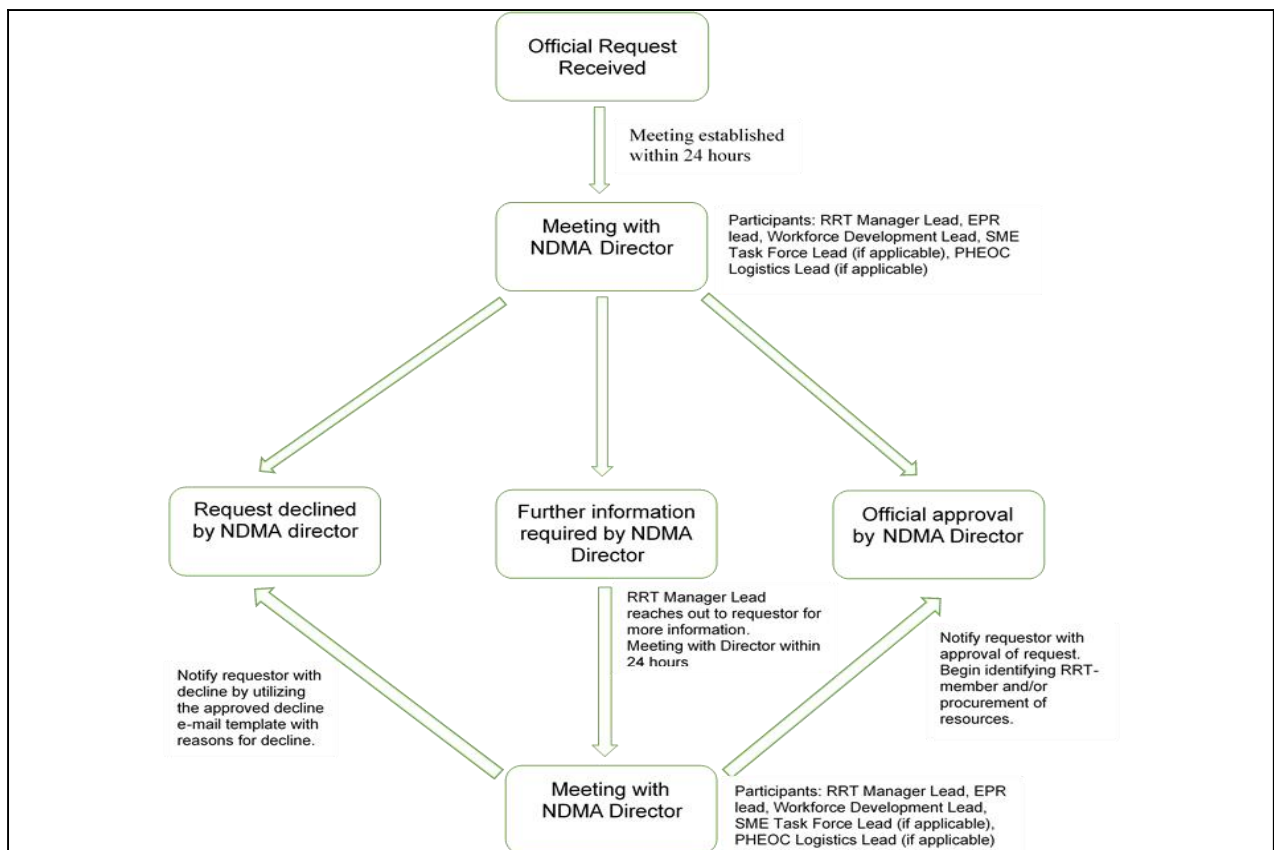
- E-mail: NRRT@XXXX.GOV
- Phone call: XXXXXXXXXX
- E-mail and phone call must be followed up by an official requesting letter sent to the NRRT@XXX.GOV made out to the XXX Director.

The official request must include the following information,

- Requestor name:
- Contact information:
- Location:
- Type of request: [Staff, Resources, or Staff and Resources]
- Duration of request:
- Request justification/explanation:
- Objectives:
- Activities:

1.3 Approval Process

The Makati National RRT management team will convene a meeting with the National Disaster Management Agency's director within 24 hours. Others to be included in the meeting are Workforce Development Lead, National Subject Matter Expert and Logistics Lead (if applicable). The following flow chart indicates approval process to be followed.



Upon review of the official request the management team will issue a determination of approval, decline or a need for more information. In the event of a need for more information the requested information should be submitted as soon as possible and upon the submission of the requested information the management team will reconvene within 24 hours to review the request.

The official request approval/decline letter template can be found below.

Official Request Approval and Decline Letter

National Disaster Management Agency Makati

[Date]

Dear [Requestor Name],

We appreciate your reaching out to the Makati NRRT program to join you in the response.

We are pleased to let you know/Regretfully, the Makati NRRT program is not able to support the request at this time. Situational factors considered when reviewing requests include the nature of the emergency, source of request, urgency of the situation, existing Makati NRRT and non-NRRT activities, the skills required of the responder and other relevant issues.

[Provide explanations(s) for the Acceptance/Decline]

To move forward, please reply with the names and contact information of the following individuals in the field:

Provincial Health Director

District Health Director

Provincial Surveillance Officer

Technical Team lead

RRT Team lead

Safety Officer

We remain open to you and your team for assistance future or if current situation changes. For any specific concerns or clarifications on this development, you can reach us at NRRT@XXX.GOV

Thank you again for reaching out to the Makati National RRT program. We wish you well in the response.

Sincerely, (Signature of RRT Management Lead)

2. Responder Identification and Selection

2.1. Identification

Once request for deployment has been approved by the XXXX Director, the Makati NRRT Management Lead and the NRRT Deployment Coordinator will identify and select the RRT member(s) to meet the objectives of the deployment within 24 hours. The RRT member(s) is then selected based on the following requirements:

- Expertise in technical area/skills requested
- Advanced level of experience in technical area/skills
- Additional skills (i.e., languages, contact tracing, etc.)
- Meets pre-deployment requirements
- Completed National RRT orientation training and online trainings
- Medically cleared and up to date with required vaccines
- Supervisory approval

2.2. Selection

The Makati NRRT Deployment Coordinator will contact the identified RRT members(s) by phone and/or e-mail with request for deployment and obtain approval with the supervisor cc'd.

2.3. RRT member accepts deployment

The Makati NRRT Deployment Coordinator will e-mail the RRT member with the following:

- Pre-deployment checklist
- Contact information for logistics
- Pre-deployment briefing
- In attendance will be the national and local technical SME and safety and security SME
- Just-in-time training
- The training will be conducted by the national technical SME.

2.4. RRT member declines deployment or is unavailable

The NRRT Deployment Coordinator will repeat the above steps under identification and inform RRT management lead

The Makati NRRT Deployment Coordinator will evaluate the reason(s) for decline and discuss future considerations based on reasons for the RRT member.

Annexes

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SOPs quality assessment- scoring rubric

Indicator	No Evidence (0 point)	Beginning (1 point)	Developing (2 points)	Proficient (3 points)	Score
Example	No information to evaluate	Not able to demonstrate understanding of skills and knowledge consistently.	Demonstrates understanding of the skills and knowledge, not yet able to complete independently.	Can consistently demonstrate the skills and knowledge without intervention needed.	NA
Purpose	The purpose and reason are not defined in the SOP	The purpose and the reason are stated but lacks the 'what and why'	The purpose and reasons are stated in the SOP but does not include either the 'what or why'	The purpose is clearly defined, clearly states the reason for doing the activity and includes both the 'what and why'.	
Scope	The scope is not defined in the SOP	The scope is included but lacks the who and when	The scope is stated in the SOP and outlines but does not include either the who or when	The scope is clearly defined, including both the who and when.	
Key stakeholders	Key stakeholders are not defined in the SOP	Some key stakeholders are defined but not all	All key stakeholders are included but does not include what they are doing	Key stakeholders are clearly identified and what they are doing is defined	
Content	The SOP does not contain any of the 5Ws (who, what, where, when why)	The SOP contains less than 3 of the who, what, where, when, why	The SOP contains more than 3 of the who, what, where, when, why	The SOP includes all the 5 main elements: who, what, where when and why	
Conciseness	The SOP is not concise	The SOP is concise some of the time (<50% of the time)	The SOP is concise most of the time (>50% of the time)	The SOP is concise throughout (i.e., at all times)	
Formatting	The SOP does not use consistent formatting	The SOP uses similar formatting some of the time (i.e., ≤50% of the time)	The SOP uses similar formatting most of the time (i.e., > 50% of the time)	The SOP uses consistent formatting throughout (i.e., at all times)	
Clarity	The procedure is not outlined in a sequential step-by-step format	The SOP is sometimes outlined in a step-by-step format (i.e., ≤50% of the time)	The SOP is most of the time outlined in a step-by-step format that is easy to follow (i.e., > 50% of the time)	The SOP consistently utilizes a step-by-step format that is easy to follow (i.e., at all times)	

Section	Question	Evaluation	Score
Activation and pre-deployment	What decision-making criteria (factors or data) should be considered in the decision to activate the RRT?		
Activation and pre-deployment	Who is responsible and has the authority to activate the RRT?		
Activation and pre-deployment	How will the RRT composition (what roles) and structure be decided?		
Activation and pre-deployment	What pre-deployment processes are needed to mobilize RRT members?		

Evaluation Key	
No	Does not include information on this question
Somewhat	Includes some information on this question but isn't clear
Yes	Includes information on this question and is clear

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the following good SOP criteria to debrief the session:

- Standard operating procedures (SOPs) are detailed explanations of how a policy is to be implemented.
- SOPs effectively communicate:
 - Who is responsible for this?
 - What is needed to operationalize this?
 - Where will this SOP fit into the larger emergency response context?
 - When will this SOP be used (e.g., what emergency phase)?
 - Why is this SOP needed and why is it important?
 - How will it be operationalized? How will I use this to report our impact?
- SOPs ensure response personnel are working toward the same goal

Session 2.4 Group activity: Develop your own SOP template This session is optional. If time is limited, a 10-minute plenary discussion can suffice to present and adopt the SOP template in Annex 2 for use in developing country SOPs during the workshop.		Logistics
Methodology	Group work	Standard RRT SOP template, annex 2, in electronic format.
Learning objectives	<ul style="list-style-type: none"> • Develop/adapt the SOP template to your country context 	
Preparation for the session	<ul style="list-style-type: none"> • Review the session and update to suit your preferred facilitation style. • Share the Standard RRT SOP template, annex 2, in electronic format. • Ensure you have a second facilitator to monitor time 	
Instructions	<ul style="list-style-type: none"> • Participants will be given a Standard RRT SOP template (annex 2) • Based on the country context and using good SOP criteria 	

	<p>learnt in previous exercise, each group will develop/adapt a template for the country RRT SOPs</p> <ul style="list-style-type: none"> Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> Country-tailored SOP template developed 	
Duration	30'	

Common questions

- Does the SOP template need to be the same templates we use for other SOPs in the agency/government?
 - No not necessarily but it's ideal if the templates are the same as it makes it easier to reference as new people take over certain positions. It ensures familiarity with the SOP format.
- Can I just bullet all the main points rather than writing all the steps out?
 - You can bullet your text but consider that an SOP should be able to be understood and followed in standardized manner by anyone reading it. So, it needs to have enough detail with the 5Ws+H: Who, What, Where, When, Why and How. For example, one country wrote an SOP on the cars available to the RRT located in a specific location. They left out how to get the keys to the cars. So, every detail counts!

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 2 to recall in plenary the main sections of an SOP.

Key messages

- SOP development helps improve the effectiveness, adequacy, and timeliness of emergency response
- SOPs should not be overly detailed or under-detailed
- It is important to involve key stakeholders in the SOPs development process
- SOPs should be reviewed regularly

Module 3: SOPs for RRT management in preparedness phase

Module 3 objectives

At the end of this module, participants will be able to:

- Develop/adapt job/profile description for RRT members
- Recall key activities of RRTs staffing and rostering
- Develop/adapt a roster for RRTs
- Recall administrative considerations during preparedness and response phases
- Develop/adapt SOPs for administrative considerations
- Develop/adapt SOPs for training

Session 3.1 Introduction to staffing and rostering		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> Outline the key steps towards staffing and rostering a RRT programme Develop/adapt job/profile description for RRT members focusing on key skills Develop/adapt SOPs for staffing and rostering Define an RRT roster and explain how it is used 	
Duration	30'	

Session 3.2 Group activity: RRT members job description <i>This session is optional. If time is limited, this group activity can be skipped, and the annex 3 can be used as a resource for session 3.3 “Group activity: RRT staffing and rostering SOP.”</i>		Logistics
Methodology	Group work	2 copies per group of the examples of RRT members' job profile/description, annex 3.
Learning objectives	<ul style="list-style-type: none"> Develop/adapt RRT members job profile/description 	
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Ensure you have transferred the results from the carousel brainstorm to ppt to show later in the session. Print one or two copies of the RRT members' job profiles/descriptions from/ Annex 3 for each group. Ensure you have a second facilitator to monitor time 	
Instructions	<ul style="list-style-type: none"> Participants will be given examples of RRT members' job profile/description (annex 3). Based on the summary of the station 2. RRT members job description, each group will describe 2 to 3 RRT members job profiles Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> RRT members' job profiles developed/adapted. 	
Duration	45' group work; 15' presentations	Rapporteur, session outputs
Post session instructions	<ul style="list-style-type: none"> A workshop rapporteur should collate the content of groups outputs into one document for review and finalization after the workshop. 	

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 3 content to debrief the session focusing on skills.

Session 3.3 Group activity: RRT staffing and rostering SOP		Logistics
Methodology	Group work	2 copies of annex 4 per group.
Learning objectives	Develop/update an RRT staffing and rostering SOP adapted to the country context	

Preparation for the session	<ul style="list-style-type: none"> Review the session lesson plan and update to suit your preferred facilitation style. Ensure you have transferred the results from the carousel brainstorm to ppt to show later in the session. Print one or two copies of annex 4 for each group. Ensure you have a second facilitator to monitor time 	
Instructions	<ul style="list-style-type: none"> Participants will draft an RRT staffing and rostering SOP adapted to the country context using: <ul style="list-style-type: none"> The country-tailored SOP template adopted earlier The summary of the brainstorming session related to station 3. RRT staffing and rostering The summary of the brainstorming session related to station 2 RRT job description if the session 3.2 Group activity: RRT members job description is skipped. Participants should fill out the SOP template provided including the following sections: <ul style="list-style-type: none"> Roles and Skills Staff Identification and Selection Responder Rostering and Maintenance Participants may use the questions in annex 4 and consider the following key elements to develop the SOP: <ul style="list-style-type: none"> Human resources to manage the RRT Key roles and skillsets delineated reflecting country priority diseases Multisectoral/multidisciplinary candidate sources identified considering roles/skill sets above Candidate screening/intake process established Candidate inclusion/exclusion criteria identified The core questions have been marked with a star★, facilitators should direct participants to prioritize them. Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> RRT staffing and rostering SOP drafted 	
Duration	45' group work; 15' presentations'	
Post session instructions	<ul style="list-style-type: none"> A workshop rapporteur should collate the content of each draft SOP into one document for review and finalization after the workshop. 	Rapporteur, session outputs

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 4 content to debrief the session.

Session 3.4 Group activities: RRT roster development Group activity 1: Determine essential RRT roles <i>This activity is optional, it could be skipped if an RRT roster is available in the country</i>		Logistics
Methodology	Group work	Flipcharts and markers.
Learning	<ul style="list-style-type: none"> Determine essential RRT roles according to the country context 	

objectives		
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Ensure you have a flipchart and markers for each group. Ensure you have a second facilitator to monitor time. 	
Instructions	<ul style="list-style-type: none"> To determine how many individuals from each technical area needed for a response, participants will list their country's top ten Public Health Emergencies (PHE) down the first column and list the most critical roles needed to respond to those emergencies across the top row. Once they have the emergencies and roles listed, they will put a checkmark in each cell to note if the role is needed for the specific emergency. Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> RRT roles identified according to prioritized public health emergencies 	
Duration	45' group work; 15' presentations'	
Post session instructions	<ul style="list-style-type: none"> A workshop rapporteur should collate the content of each draft RRT roles into one document for review and finalization after the workshop. 	Rapporteur, session outputs

	Skill 1	Skill 2	Skill 3	Skill 4	Skill 5	Skill 6	Skill 7	Skill 8	Skill 9	Skill 10	Skill 11	Skill 12
PHE1												
PHE2												
PHE3												
PHE4												
PHE5												
PHE6												
PHE7												
PHE8												

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants to debrief the session, with focus on necessary skills.

Session 3.4 Group activities: RRT roster development Activity 2: Developing an RRT roster adapted to your country <i>This activity is optional, it could be skipped if an RRT roster is available in the country</i>		Logistics
Methodology	Group work	RRT roster template, annex 5; in
Learning objectives	<ul style="list-style-type: none"> Develop/adapt an RRT roster adapted to the country context 	

Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Ensure you have transferred the results from the carousel brainstorm to ppt to show later in the session. Share the electronic format of annex 5 with participants Ensure you have a second facilitator to monitor time 	electronic format.
Instructions	Using the RRT roster template (annex 5), participants will develop a template for an RRT roster adapted to the country context, including: <ul style="list-style-type: none"> List of roster variables to collect Proposed roster platform Modalities for maintaining/ updating the roster Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> Content of RRT roster adapted to the country context developed. 	
Duration	30' group work; 15 presentations'	
Post session instructions	<ul style="list-style-type: none"> A workshop rapporteur should collate the content of each draft roster into one document for review and finalization after the workshop. 	Rapporteur, session outputs

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 5 content to debrief the session.

Session 3.5 Group activity: Testing your RRT roster <i>This group activity is optional, the facilitators can carry it out instead of activity 3.4 if a roster/list of RRT members is already available.</i>		Logistics
Methodology	Group work	Text of mini scenarios. 2 copies per group
Learning objectives	<ul style="list-style-type: none"> Test the RRT roster 	
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Print one or two copies of the mini scenarios for each group Ensure you have a second facilitator to monitor time 	
Instructions	<ul style="list-style-type: none"> Participants will be given scenarios. They should: <ul style="list-style-type: none"> Use the roster and the chart developed previously to identify who should respond in each scenario. Verify if the roster is working well Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> RRT roster tested. 	
Duration	30' group work; 15 presentations'	

Scenarios:

Mini scenario 1:

- You received notification of an Ebola Virus Disease (EVD) cluster in Towny village, with 5 suspected cases including 1 death.

- The deceased case returned 10 days ago from a trip from a neighboring country with an EVD outbreak. He presented with diarrhea, fever, petechiae and epistaxis.
- You are the RRT Deployment/Surge Coordinator.
- Using your RRT roster, how will you compose the RRT that should be mobilized to the field?

Debriefing mini scenario 1

The facilitator summarizes the discussion of the outcomes presented by participants and uses the following elements to debrief the session:

The RRT that should be mobilized to the field may be composed of the following profiles:

- **Physician/Nurse:** isolate the suspected cases, initiate case management and refer to appropriate healthcare facilities
- **Epidemiologist:** develop/adapt a case definition, conduct the epidemiological investigation, ensure active case finding and contact tracing, recommend control measures...
- **Laboratory expert:** ensure that the necessary samples are taken according to the procedures in a safe and secure manner and store them correctly until they are sent to the laboratory
- **Risk communication/community engagement specialist:** raising awareness of risks, clinical signs, means of prevention...
- **IPC specialist:** Ensures the implementation of infection prevention and control measures during all field activities, including safe burial
- **Logistician:** ensure personal and team health, printed materials, Information and Communication Technology, etc.
- **Driver:** Provide transportation for team, samples, etc.
- **Access to experts/specialized teams:** environmental health specialist, burial team, Psychosocial support expert, media expert, etc.

Mini scenario 2:

- A large number of Cholera cases were suddenly detected in a small, remote town. The RRT deployed locally was stopped at the town border by the community and not allowed to enter the town, fearing the RRT responders were coming to poison their well water.
- Officials asked for support from the national level. You are the RRT Deployment/Surge Coordinator.
- Using your RRT roster, how will you compose the RRT that will be mobilized to support the local response efforts?

Debriefing mini scenario 2

The facilitator summarizes the discussion of the outcomes presented by participants and uses the following elements to debrief the session:

The RRT that should be mobilized to the field may be composed of the following profiles:

- **Epidemiologist:** conduct the epidemiological investigation, generate, and verify hypotheses to identify the origin, recommend control measures...
- **Laboratory expert:** ensure the necessary samples and store them correctly until they are sent to the laboratory
- **Physician/Nurse:** Initiate case management (Oral Rehydration Salts, etc.) and refer

<p>to appropriate healthcare facilities when necessary</p> <ul style="list-style-type: none"> ● Risk communication specialist: raising awareness of risks, clinical signs, means of prevention... ● Social mobilization/community engagement expert: engage with locally trusted community leaders and/or local organizations who can support the RRT responders and liaise with the community. ● IPC specialist: implement infection prevention and control measures, especially hand hygiene training ● WASH/environmental health specialist: conduct environmental investigations and propose measures to stop the current outbreak and to prevent new episodes ● Security officer (if needed).
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Session 3.6 RRT readiness and administrative considerations		Logistics
Methodology	Facilitator-led presentation	Plenary room, a computer, a projector.
Learning objectives	<ul style="list-style-type: none"> ● Recall main factors responders need to meet ● Outline RRT financial and administrative considerations 	
Duration	30'	

Session 3.7 Group activity: Financial and administrative considerations SOP		Logistics
Methodology	Group work	2 copies of annex 6 per group.
Learning objectives	<ul style="list-style-type: none"> ● Develop/adapt RRT financial and administrative considerations SOP 	
Preparation for the session	<ul style="list-style-type: none"> ● Review the session and update to suit your preferred facilitation style. ● Ensure you have transferred the results from the carousel brainstorm to ppt to show later in the session. ● Print 2 copies of annex 6 per group. ● Ensure you have a second facilitator to monitor time 	
Instructions	<ul style="list-style-type: none"> ● Participants will draft a RRT SOP for financial and administrative considerations adapted to the country context using: <ul style="list-style-type: none"> ○ The country-tailored SOP template adopted earlier ○ Summary of the brainstorming session related to station 4. RRT readiness and administrative considerations ○ The summary of the brainstorming session related to station 9 RRT budget and financing. ● Participants should fill out the SOP template provided including the following sections: <ul style="list-style-type: none"> ○ Budgetary Considerations ○ Employment-Related Issues ○ RRT Members from External Organization ● Participants may use the questions in annex 6 and consider the following key elements to develop the SOP: <ul style="list-style-type: none"> ○ RRT supervisory approval process for deploying 	

	<ul style="list-style-type: none"> ○ Legal contracts/agreements for mobilization (both intra and extra-organizational) ○ Mechanism for salary payment and per diem financing while deployed ○ Special compensation options while deployed ○ Medical insurance/care responsibility and cost ○ Disability and/or life insurance while deployed ○ Emergency evacuation policy/procedure for those deployed ○ Established budget with preparedness and response considerations ● The core questions have been marked with a star★, facilitators should direct participants to prioritize them. ● Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	● SOP for financial and administrative considerations drafted	
Duration	45' group work; 15' presentations	
Post session instructions	● A workshop rapporteur should collate the content of each draft SOP into one document for review and finalization after the workshop.	Rapporteur, session outputs

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 6 content to debrief the session.

Session 3.8 Introduction to RRT Training SOP		Logistics
Methodology	Facilitator-led presentation	Plenary room, a computer, a projector.
Learning objectives	<ul style="list-style-type: none"> ● Discuss an appropriate training curriculum for an RRT, including existing curricula and packages ● Define the difference between training and readiness 	
Duration	30'	

Session 3.9 Group activity: RRT training SOP development		Logistics
Methodology	Group work	-Flipchart and markers for the plenary discussion. -2 copies of annex 7 per group.
Learning objectives	● Develop/adapt RRT training SOP	
Preparation for the session	<ul style="list-style-type: none"> ● Review the session and update to suit your preferred facilitation style. ● Ensure you have transferred the results from the carousel brainstorm to ppt to show later in the session. ● Print one or two copies of annex 7 for each group. ● Ensure you have a second facilitator to monitor time 	
Instructions	Plenary discussion: Which are the main <u>training topics</u> to consider for RRT members in your country? Group work:	

	<ul style="list-style-type: none"> Participants will draft a RRT training SOP adapted to the country context using: <ul style="list-style-type: none"> The country-tailored SOP template adopted earlier The summary of the brainstorming session related to station 5. RRT training. The summary of the plenary discussion above Participants should consider the following key elements in the country: <ul style="list-style-type: none"> Trainings that need to be developed versus training that already exist versus trainings that need to be adapted to the country context Just-in-time training available for RRTs deploying Mandatory vs. recommended trainings identified Training budget: compensation for RRT members, facilitation team and venue Training facilitators identified Frequency, timing, and modality of training curriculum established Participants may use the questions in annex 7 to draft the SOP The core questions have been marked with a star★, facilitators should direct participants to prioritize them. Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> Main training topics to consider for RRT members in the country identified RRT training SOP drafted 	
Duration	10' plenary discussion; 35' group work; 15' presentations	
Post session instructions	<ul style="list-style-type: none"> A workshop rapporteur should collate the content of each draft SOP into one document for review and finalization after the workshop. 	Rapporteur, session outputs

Common questions

- There is a lot to consider in these SOPs, do I need to include all of it?
 - Yes and no. What you decide to include will depend on your country context and what is considered “normal” for workforce benefits, resources, and processes. The detailed approach outlined in this section and throughout, is from all the challenges learned from supporting over 20 countries trying to establish sustainable RRT programs. The closer you can get to all the considerations in your SOP development and in your agreements with leadership and administration, the higher the likelihood your RRT program will be successful in the long-term.

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 7 content to debrief the session.

Key messages

- RRT management is responsible for planning, staffing, rostering, training, and exercise development to prepare the RRT members to be “ready” for an emergency response.

- Deployable personnel must first be identified based on skills needed for emergency response and then rostered in a searchable database.
- A roster allows staff to be identified quickly during a response but needs continuous maintenance to ensure it is up to date and accurate.
- An RRT's training curriculum should be continuous and tailored to its context, mission, and resources available, but should cover technical and other public health content, as well as readiness.
- SOPs should be developed and updated regularly for both preparedness and response activities .

Module 4: SOPs for RRT management in response phase

Module 4 objectives

At the end of this module, participants will be able to:

- Develop/adapt SOP for RRT activation and pre-deployment
- Develop/adapt SOP for deployment of RRTs
- Develop/adapt SOP for post-deployment of RRTs

Session 4.1 RRT activation and pre-deployment		Logistics
Methodology	Facilitator led presentation, plenary discussion	- Plenary room, computer, projector. - Flipchart and markers for plenary discussion.
Learning objectives	<ul style="list-style-type: none"> • List RRT activation criteria and describe its process. • Describe the pre-deployment process. 	
Preparation for the session	<ul style="list-style-type: none"> • Review the session and update to suit your preferred facilitation style. • Ensure you have transferred the results from the carousel brainstorm to ppt to show later in the session. • Ensure you have a second facilitator to monitor time 	
Instructions	Introducing the session (10') <ul style="list-style-type: none"> • Introduce the session and outline learning outcomes • Highlight the desired key outputs from Module 4: SOP for activation, pre-deployment, deployment and post-deployment. • Explain that we will take some time to reflect on the relevant outputs from the carousel brainstorm on day 1. • This reflection will help to identify the components that need to go into the SOP. • In groups you will be provided with a template for an SOP with things to consider for each section. You are free to adjust the template and include whatever is relevant for your country – you DO NOT need to include all that is provided under 'things to consider' these serve as prompts for discussion and thought only. • When reporting back on discussions and content of the SOP we ask that each group ONLY reports back what has NOT been previously mentioned by another group as this will ensure we keep to time. • Ask if there are any questions on the process? 	

	Plenary discussion (15') <ul style="list-style-type: none"> Now ask participants to discuss the following questions. <ul style="list-style-type: none"> What alerts have the RRT responded to? (5 min) What led to the activation of the RRT? (5 min) What was the decision-making process/mechanism by which the RRT was activated? (5 min) Request a volunteer from the participants to record the outputs on the flipchart. The timekeeper (a facilitator) should monitor time spent on each question. The exercise is meant as a short sharp reflection/brainstorm to capture main points rather than an in-depth discussion. Move through remaining slides on RRT activation (10')	
	Reflect on current pre-deployment processes (25') <ul style="list-style-type: none"> Refer the group to the initial carousel brainstorm on Day 1 where they highlighted: <ul style="list-style-type: none"> What went well / what needs strengthening during the activation and pre-deployment phases of the RRT? What are possible solutions / work arounds to improve the activation and pre-deployment phase? During the development of the SOP – which is the next exercise – the groups are encouraged to reflect on the output from the carousel brainstorm, consider suggestions provided in the template and construct an SOP that is relevant to the country context and RRT experiences. An SOP should be useful, feasible and practical to implement. 	
Outputs	<ul style="list-style-type: none"> Reflection on the experience of country's RRTs in the activation and pre-deployment phases. 	
Duration	60'	
Post session instructions	<ul style="list-style-type: none"> A workshop rapporteur should collate the content of each butcher's paper for inclusion in the workshop report. 	Rapporteur, session outputs

Session 4.2 Group activity: RRT activation and pre-deployment SOP		Logistics
Methodology	Group work	Annex 8, one or two printed copies for each group.
Learning objectives	<ul style="list-style-type: none"> Develop/adapt an RRT activation and pre-deployment SOP 	
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Print one or two copies of annex 8 for each group to refer to during their discussions. Set up the room to facilitate group discussions with each group of 5-6 individuals. Ensure you have a second facilitator to monitor time. 	
Instructions	<ul style="list-style-type: none"> Clearly state the aim of the session is to draft the SOP for activation 	

	<p>and pre-deployment. It is unlikely the team will be able to develop the SOP in the time allocated – the key output will be to have headings and dot points on specific processes that need to be included in the SOP. These can be further fleshed out after the workshop.</p> <ul style="list-style-type: none"> • Refer to the SOP template to be used. • Indicate the questions in annex 8 are a guide ONLY that includes some things to consider – these are prompts for discussion – it is not necessary to include all items suggested or to lay out the SOP in this format. • Suggest one person per group completes the electronic copy of Annex 8 and records the outputs of the discussion – clearly showing main headings and dot points of what to include under each heading. • Encourage groups to reflect on the output from the carousel brainstorm, consider suggestions provided in the template and construct an SOP that is relevant to the Rwandan context and RRT experiences. • An SOP should be useful, feasible and practical to implement. • Depending on the number of participants you may split the groups with some working on the activation part of the SOP and some working on the pre-deployment part of the SOP • Each group will assign a timekeeper and a rapporteur to present in plenary the outcomes of the group work/discussion. • During the report back ask groups to only add what has not been mentioned by the previous group/s already – this will save time. • After all groups have reported back ask the whole group if anything is missing that they think should be included in an activation and pre-deployment SOP – ensure additional suggestions are captured. • Ask each person who completed the electronic copy of Annex 8 to email to the session/workshop rapporteur to collate into one version to aid the finalization of the SOP. 	
Outputs	<ul style="list-style-type: none"> • SOPs for RRT activation and pre-deployment drafted 	
Duration	45' group work; 15' presentations	
Post session instructions	<ul style="list-style-type: none"> • A workshop rapporteur should collate the content of each draft SOP into one document for review and finalization after the workshop. 	Rapporteur, session outputs

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 8 content to debrief the session.

Session 4.2 Group activity: RRT activation and pre-deployment SOP Optional activity: Activate or not activate the RRT?		Logistics
Methodology	Group work	Text of mini scenarios
Learning objectives	<ul style="list-style-type: none"> • Decide whether RRT should be activated or not 	

Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Print one or two copies of mini scenarios for each group. Set up the room to facilitate group discussions with each group of 5-6 individuals. Ensure you have a second facilitator to monitor time. 	(in Participant guide).
Instructions	<ul style="list-style-type: none"> Participants will be given scenarios. Using decision-making criteria for RRT activation, participants will determine whether or not to activate the RRT. They can also create a flow chart showing how they reached the decision. Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> Decision made as to whether or not to activate the RRT. 	
Duration	45' group work; 15' presentations	

Mini scenario 1:

It's flu season and a newspaper has published that there are more cases of seasonal flu and deaths than usual, and that the occupancy rate of intensive care beds exceeds 95%. You contact the head of epidemiological surveillance who confirms that the number of cases and deaths are even below the thresholds recorded during each season and sends you the surveillance report which confirms that the type B influenza virus circulates practically alone during this season. You contact the provincial hospital manager who confirms that only 8% of intensive care beds are occupied by patients, only one of whom is 98 years old in respiratory distress due to lung metastases.

Will you activate the RRT?

Debriefing mini scenario 1

The facilitator summarizes the discussion of the outcomes presented by participants and uses the following elements to debrief the session:

- The information has been verified.
- What was reported by the newspaper is a rumor!

You may not activate the RRT!

Mini scenario 2:

Nine participants in a religious ceremony presented with headache, fever, photophobia, vomiting and 3 others were admitted to hospital for a disorder of consciousness and purpura, one of whom died.

Will you activate the RRT?

Debriefing mini scenario 2

The facilitator summarizes the discussion of the outcomes presented by participants and uses the following elements to debrief the session:

- 12 cases
- 3 admitted to the hospital for a disorder of consciousness and purpura
- 1 death
- Severe disease

- Risk of transmission OR exposure to the same source

You should activate the RRT!

Mini scenario 3:

Matulidji country is about to declare the end of the Ebola virus disease outbreak on its national territory. You receive a notification from CAPITAL Hospital in your country concerning a health professional coming from Matulidji who presented two days after his return bloody vomiting and diarrhea, with epistaxis and fever without other similar cases in his entourage. The information quickly circulated in social networks and the media, which are starting to exert pressure!

Will you activate the RRT?

Debriefing mini scenario 3

The facilitator summarizes the discussion of the outcomes presented by participants and uses the following elements to debrief the session:

- Suspected case of Ebola virus disease
- Severe disease+++
- Transmission+++
- Pressure social networks and the media

You should activate the RRT!

Session 4.3 RRT deployment		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> • Describe RRT coordination in the field and with headquarters during a response • Discuss reporting requirements and monitoring of RRT activities during deployment 	
Duration	30'	

Session 4.4 Group activity: RRT deployment SOP		Logistics
Methodology	Group work	Annex 9, one or two copies per group
Learning objectives	<ul style="list-style-type: none"> • Develop/adapt RRT deployment SOP 	
Preparation for the session	<ul style="list-style-type: none"> • Review the session and update to suit your preferred facilitation style. • Ensure you have transferred the results from the carousel brainstorm to ppt to show later in the session. • Print one or two copies of annex 9 for each group. • Ensure you have a second facilitator to monitor time. 	
Instructions	<ul style="list-style-type: none"> • Participants will draft an RRT deployment SOP adapted to the country context using: <ul style="list-style-type: none"> ○ The country-tailored SOP template adopted earlier ○ The summary of the brainstorming session related to station 7. RRT deployment and station 12. RRT communication 	

	<ul style="list-style-type: none"> Participants should fill out the SOP template provided including the following sections: <ul style="list-style-type: none"> Coordination Monitoring & Evaluation Team Evolution & Demobilization Participants may use the questions in annex 9 and consider the following key elements to develop the SOP: <ul style="list-style-type: none"> Established leadership structure responsible for RRT coordination Determined frequency and modality of RRT communication and reporting (including standardized RRT deliverables, i.e., mission reports, sitreps) Process for monitoring and evaluation of the RRT in staffing and response needs Process for RRT travel logistics considering changes during deployment Process for team evolution (i.e., standardized handoff, sending RRT staff home, replacing staff) Established criteria and process for team demobilization The core questions have been marked with a star★, facilitators should direct participants to prioritize them. Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> SOP for RRT deployment adapted to your country context. 	
Duration	45' group work; 15' presentations	
Post session instructions	<ul style="list-style-type: none"> A workshop rapporteur should collate the content of each draft SOP into one document for review and finalization after the workshop. 	Rapporteur, session outputs

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 9 content to debrief the session.

Session 4.5 RRT post-deployment		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> Recall the post-deployment goal and key activities 	
Duration	30'	

Session 4.6 Group activity: RRT post-deployment SOP		Logistics
Methodology	Group work	1 or 2 copies of annex 10 per group
Learning objectives	<ul style="list-style-type: none"> Develop/adapt an RRT post-deployment SOP 	
Preparation for the	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. 	

session	<ul style="list-style-type: none"> • Print one or two copies of annex 10 for each group to refer to during their discussions. • Set up the room to facilitate group discussions with each group of 5-6 individuals. • Ensure you have a second facilitator to monitor time. 	
Instructions	<ul style="list-style-type: none"> • Participants will draft an RRT post-deployment SOP adapted to the country context using: <ul style="list-style-type: none"> ○ The country-tailored SOP template adopted earlier ○ The summary of the brainstorming session related to station 8. RRT post-deployment, station 10. RRT wellbeing and station 11. RRT ethics and code of conduct. • Participants should fill out the SOP template provided including the following sections: <ul style="list-style-type: none"> ○ Evaluation ○ Resources for Responders ○ Improvement Planning & Action • Participants may use the questions in annex 10 and consider the following key elements to develop the SOP: <ul style="list-style-type: none"> ○ Identified timing, modality and responsibility of post-deployment debriefs considering the ability to get sensitive or anonymous feedback ○ Responder resources considering physical and mental wellbeing and reintegration ○ Process (including responsibility) for improvement planning and action • The core questions have been marked with a star★, facilitators should direct participants to prioritize them. • Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> • SOP for RRT post-deployment adapted to your country context. 	
Duration	45' group work; 15' presentations	
Post session instructions	<ul style="list-style-type: none"> • A workshop rapporteur should collate the content of each draft SOP into one document for review and finalization after the workshop. 	Rapporteur, session outputs

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses the annex 10 content to debrief the session.

Common questions

- Are activation criteria always the same or can it change depending on the response type?
 - Ideally the criteria are consistently applied across different response scenarios but can have considerations for certain events more than other. For example, including criteria regarding whether it's an IHR notifiable disease may change response activation versus not an IHR notifiable disease. For example, for a hurricane the national disaster management authority will likely take the lead which may change the activation criteria to include request from outside administration.

- Who is in charge of the response locally when the RRT is deployed?
 - This will depend on the structure of the country's emergency system but in general, RRTs are deployed in a "supportive" role. This should be clearly delineated in the SOPs and during the pre-deployment brief.
- When tracking deployments, do I need a separate database?
 - We suggest they are separate but linked with unique IDs (e.g., responder IDs). As deployments occur it will be difficult to track and report in the roster database as one person can go on multiple missions. Additionally, the deployment tracker can answer critical information to leadership on the impact of the RRT program which we discuss in the next module.

Key messages

- Activation criteria will be specific to each RRT but will consider many of the same factors.
- Pre-deployment processes to prepare and equip responders should be standardized as much as possible and include a pre-deployment briefing and any necessary just-in-time training.
- RRTs will likely need to coordinate with a variety of other response actors, in addition to headquarters, while in the field.
- RRTs should report regularly to the EOC/ECU on the status of the emergency, their activities, and their needs.

Module 5: Introduction to RRT programme monitoring and evaluation

Important note: This module includes basic information about RRT Training Programme Monitoring and Evaluation. A comprehensive version of this module, including detailed Key Performance Indicators, will be published once the WHO RRT Monitoring and Evaluation Framework is finalized.

Module 5 objectives

At the end of this module, participants will be able to:

- Define monitoring and evaluation
- Define indicators and recall their types
- Recall the objectives of monitoring and evaluation of RRT programme during preparedness and response phases
- Identify tools for RRT monitoring and evaluation of RRT programme during preparedness and response phases
- Identify RRT programme M&E challenges and how to mitigate them

Session 5.1 Monitoring and evaluation: definitions and concepts		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> • Define monitoring and evaluation • Define indicators and recall their types 	
Duration	30'	

Session 5.2 RRT M&E in preparedness and response phases		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> Recall the objectives of monitoring and evaluation of RRT programme during preparedness and response phases. Describe key features of RRT monitoring and evaluation of RRT programme during preparedness and response phases Identify tools for RRT monitoring and evaluation of RRT programme during preparedness and response phases Identify RRT programme M&E challenges and how to mitigate them 	
Duration	30'	

Session 5.3 RRT M&E key performance indicators		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> Understand the link between RRT programme and JEE/SPAR indicators and 7-1-7 metrics Describe the RRT programme KPIs 	
Duration	15'	

Key messages

- A systematic monitoring and evaluation system of the RRT programme should be put in place to identify successes as well as issues that occurred during all steps of a response, with the ultimate goal of maximizing response efficiency and effectiveness.
- Key Performance Indicators (KPI) should be developed and adapted to country context to monitor RRT activities and performance.
- Good RRT programme M&E planning, resources allocation and involvement of key stakeholders could reduce the main challenges.

Module 6: Financial management of Rapid Response Teams

Module 6 objectives

At the end of this module, participants will be able to:

- Define budgeting and explain its goals
- Recall key considerations for financial management of RRTs, including financial resources utilization
- List main budget items that should be included in the RRT programme budget
- Define financial sustainability
- List components of a financial sustainability plan

Session 6.1 Budgeting and financial resources utilization		Logistics
Methodology	Facilitator-led presentation	Plenary

Learning objectives	<ul style="list-style-type: none"> Define budgeting and explain its goals Recall key considerations for financial management of RRTs Recall key considerations for financial resources utilization 	room, computer, projector.
Duration	15'	

Session 6.2 Budgetary plan and financial sustainability for RRT programme		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> List main budget items that should be included in the RRT programme budget Define financial sustainability List components of a financial sustainability plan 	
Duration	15'	

Key messages

- Budgeting is necessary to identify and assign financial resources to achieve organization's operational goals
- Understanding your organization's budgeting cycle is key to financial management
- Audits protect resources against waste, fraud, and inefficiency
- A financial sustainability plan allows for strategic financial planning

Module 7: Responder wellbeing and ethics in preparedness and response

Module 7 objectives

At the end of this module, participants will be able to:

- Define Occupational Health and Safety (OHS)
- Describe the role of RRT managers with regards to OHS
- Explain how to perform OHS management, surveillance and monitoring
- Recall rights and responsibilities for OHS in emergency response settings
- Recall basic recommendations for a responder code of conduct
- Outline frontline responders' rights and obligations
- Explain the process to analyze ethical dilemmas
- Review existing RRTs/government staff guidelines/code of conduct
- Highlight the role of RRT management with regards to PRSEAH
- Draft/adapt suggested measures to address sexual misconduct

Session 7.1 Responder wellbeing		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> Define Occupational Health and Safety (OHS) Describe the role of RRT managers with regards to OHS Explain how to perform OHS management, surveillance and monitoring Recall rights and responsibilities for OHS in emergency response 	

	settings	
Duration	30'	

Session 7.2 Ethics and code of conduct		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> Recall basic recommendations for a responder code of conduct Outline frontline responders' rights and obligations Explain the process to analyze ethical dilemmas 	
Duration	30'	

Session 7.3 Let's learn by scenarios !		Logistics
Methodology	Plenary discussion	Mini scenarios.
Instructions	<ul style="list-style-type: none"> Participants will read each scenario, discuss in groups, and explain what they think of the situation from both ethical and OHS perspectives. 	
Duration	30'	

Mini Scenario 1

- In remote area of Makati, three people died from an unidentified disease characterized by sudden and severe hemorrhage. You need 5 responders to deploy, but many public health officials were scared of becoming infected with the unknown disease.
- To encourage responders to deploy, the Ministry of Health has offered special compensation equivalent to three months' wages to any responders who volunteer for deployment the next day.
- 32 responders volunteered for deployment.

What do you think of this situation?

Debriefing mini scenario 1

The facilitator summarizes the discussion of the outcomes presented by participants and uses the following elements to debrief the session:

- This scenario deals with the ethical considerations of compensation, specifically the safety of responders:
 - Offering this amount of money to solicit responders for a potentially dangerous response is unethical, as many responders are likely to prioritize financial need over personal safety.
- Potential alternatives may include:
 - Providing responders with comprehensive training and plenty of PPE, so they are confident in their safety when responding.
 - Providing other incentives, such as time off, rather than increased salary.

Mini Scenario 2

- There is an outbreak of yellow fever in one of the western provinces in Makati. Severe yellow fever disease can be deadly and there is no treatment or cure for infection.
- Few public health officials have been vaccinated for yellow fever. The vaccine is very expensive

and there is a shortage of vaccine in the country.

What should the RRT management lead do?

Debriefing mini scenario 2

The facilitator summarizes the discussion of the outcomes presented by participants and uses the following elements to debrief the session:

- This scenario focuses on responder safety and healthcare:
 - Responders should not deploy without the proper health and safety precautions
- RRT management lead could:
 - Review their roster for staff with the necessary skills who have already been vaccinated for yellow fever
 - Contact other potential sources of responders who may have already been vaccinated (e.g., other Ministries, GOARN, etc.)

Mini Scenario 3

- With concerns for a re-emergence of vaccine derived polio, the Ministry of Health deploys 3-person team, including a laboratorian.
- The laboratorian's supervisor is upset and keeps calling her while she is working in the field to return. The laboratorian works long hours on the outbreak during the day and on her regular work at night. She is not sleeping well. During the day she easily becomes angry and starts yelling at the rest of the team.

What can be done to prevent this?

Debriefing mini scenario 3

The facilitator summarizes the discussion of the outcomes presented by participants and uses the following elements to debrief the session:

- This scenario deals with responders' wellbeing and several issues that may arise during a deployment, including balancing deployment responsibilities with regular work duties, respecting Memorandum of Understandings (MOUs)/agreements between RRT management and responders' normal offices, managing team dynamics, and following a code of conduct.
- Preventive measures could include:
 - Ensuring written supervisor approval for the deployment and understanding of and compliance with any MOUs/agreements in place.
 - Team members/leader should be mindful of signs indicating deterioration in a responder's wellbeing and take the appropriate steps to assist.

Session 7.4 Introduction to Prevention and Response to Sexual Exploitation, Abuse and Sexual Harassment (PRSEAH)		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none">• Define sexual exploitation, abuse, and harassment (SEAH)• Explain the role of RRT management with regards to prevention and response to SEAH (PRSEAH)	
Duration	15'	

Session 7.5 Group activity: Code of conduct and Prevention and Response to Sexual Exploitation, Abuse and Sexual Harassment		Logistics
Methodology	Group work	NA
Learning objectives	<ul style="list-style-type: none"> ● Draft measures to address sexual misconduct in the context of field work 	
Preparation for the session	<ul style="list-style-type: none"> ● Review the session and update to suit your preferred facilitation style. ● Set up the room to facilitate group discussions with each group of 5-6 individuals. ● Ensure you have a second facilitator to monitor time. 	
Instructions	<ul style="list-style-type: none"> ● In groups, participants will discuss: <ul style="list-style-type: none"> ○ How may sexual misconduct be tracked, and responded to while deployed? ○ Are there different expectations for Team Leaders vs. RRT members? Ministry staff vs. RRT members from other organizations? ○ What may be the consequences for sexual misconduct during a mobilization? <ul style="list-style-type: none"> - How may be determined the consequences for various levels of sexual misconduct? - When is it appropriate to send an RRT member home (if ever)? ● Suggest at least 5 measures that could address Sexual Exploitation, Abuse and Sexual Harassment in the context of field work ● Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> ● Suggested measures to address Sexual Exploitation, Abuse and Sexual Harassment drafted. 	
Duration	30' group work; 15' presentations	
Post session instructions	<ul style="list-style-type: none"> ● A workshop rapporteur should collate the content of each group output into one document for review and finalization after the workshop. 	Rapporteur, session outputs

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants to debrief the session.

Common questions

- A lot of what is addressed here is not the norm for our country's workforce, how do we address this?
 - Decisions will need to be made on what is "appropriate" for every country context. Understanding that responders are a high-risk given role, should be stressed when discussing with leadership what resources and support RRT members will need.
- What about family rights of responders? What is available to them?

This depends on what is consider the standard based on the country context. In countries where life and disability insurance may not be available to public health staff, it's important to consider

what resources will be available to responders' families in the event something were to happen during an emergency response.

Key messages

- Different types of hazards may affect the physical, mental, and social wellbeing of responders during and after emergencies.
- Responder's managers should manage and monitor OSH hazards, paying special attention the risk of responder burnout.
- Both employers/managers and frontline responders have rights and responsibilities for OHS in emergencies, these should be clearly established during the pre-emergency planning period.
- Organizations/government entities should develop an ethical framework to refer to in an emergency response to ensure that vulnerable populations are not harmed, explicitly addressing Prevention and Response to Sexual Exploitation, Abuse and Harassment (PRSEAH).

Module 8: Rapid response management and soft skills

Module 8 objectives

At the end of this module, you should be able to practice key RRT manager's soft skills including:

- Define the roles and responsibilities of a manager
- Describe skillsets needed by a manager
- Identify common causes of conflict in the workplace
- Define key types of conflicts and potential responses
- Describe 7 steps to conflict resolution
- Define communication and describe the 3 elements composing it
- Identify the characteristics of communication in emergencies and crises
- Explain the role of RRT management in both internal and external communication
- Define advocacy in public health and explain its objectives
- Describe advocacy basics and apply them

Session 8.1 Roles of a manager and required skillsets		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> • Define the roles and responsibilities of a manager • Describe skillsets needed by a manager 	
Duration	15'	

Session 8.2 Team management		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> • Explain how to manage a successful RRT 	
Duration	15'	

Session 8.3 Conflict resolution		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> Identify common causes of conflict in the workplace Define key types of conflicts and potential responses Describe 7 steps to conflict resolution 	
Duration	30'	

Session 8.4 Conflict resolution mini-scenario		Logistics
Methodology	Plenary discussion	Mini scenario.
Learning objectives	<ul style="list-style-type: none"> Learn how to resolve a conflict 	
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Ensure you have a second facilitator to monitor time. 	
Instructions	<p>In plenary, facilitator will moderate a discussion to help participants to:</p> <ul style="list-style-type: none"> Identify what may be the best strategy(ies) to deal with the scenario situation (compromising, collaborating, competing, accommodating, avoiding) Discuss potential actions that they may take to deal with this situation and come up with proposed solutions. 	
Duration	30'	

Mini Scenario

- A cluster of 25 cases of unknown respiratory disease, with two deaths, was reported in Matuliji, a small town in Makati, where poultry farming is an important activity.
- As an RRT manager, you have deployed an RRT to carry out an epidemiological investigation.
- Upon arrival, the RRT noticed that several villagers presented respiratory signs. In addition to the RRT, other partners were present in the field to support the investigation.
- George, the laboratory specialist in the RRT, is reluctant to allow staff from partner organization X to collect nasopharyngeal swabs. He is not certain that they have been adequately trained to do so.
- Maria, the RRT team lead, discussed with the partner organization's X team lead, who confirmed that his staff was well trained on collection of the nasopharyngeal swabs. However, George kept refusing to collaborate with them, despite Maria's various attempts to convince him. He argued that this issue/situation was not addressed in RRT SOPs.
- Unable to unlock the situation, Maria reached out to you seeking support.

As RRT management team lead in Makati, how would you advice/support Maria to unlock the situation?

Debriefing mini scenario

Potential solution may include:

Advice Maria to organize a meeting with both George and the partner organization staff to:

1 Formulate a statement of the problem:

The RRT lab specialist is not comfortable with partner organization X staff contributing to

perform nasopharyngeal swabs collection in the community.

2 Clarify dimensions of conflict:

There is some lack of trust vis-à-vis partner X' capacity on how to properly perform nasopharyngeal swabs collection

The RRT SOP does not address specifically this situation

3 Brainstorm all possible solutions by bringing more ideas and information:

Let George explain how nasopharyngeal swabs collection should be performed

Let the partner organization X staff explain how they usually perform nasopharyngeal swabs collection

Identify possible pitfalls and agree on how to overcome them

Share the population to be tested? Complete the process of sampling together, to be more efficient?

When back at HQ: the RRT SOP may need to be further reviewed.

4 Identify consequences of each possible solution:

Evaluate the proposed solutions/alternatives (advantages and disadvantages)

5 Choose mutually acceptable solution:

Agree with the partner organization X staff on the exact steps for the sampling procedure before starting it. You can also suggest that Georges 'supervises' the sample collection team, if accepted by the partner organization.

6 Corrective actions as required:

If you notice that George still does not accept to engage with the partner organization and collaborate: inform him that you may be forced to take him back at HQ as he is disrupting/delaying investigation efforts, this may have a serious impact on people's health.

7 Ensure solution implemented, conflict resolved:

Make sure the conflict is resolved.

Session 8.5 Communication		Logistics
Methodology	Facilitator-led presentation	Plenary room, a computer, a projector.
Learning objectives	<ul style="list-style-type: none"> Define communication and describe the 3 elements composing it Identify the characteristics of communication in emergencies and crises Explain the role of RRT management in both internal and external communication 	
Duration	30'	

Session 8.6 Advocacy		Logistics
Methodology	Facilitator-led presentation	Plenary room, a computer, a projector.
Learning objectives	<ul style="list-style-type: none"> Define advocacy in public health and explain its objectives Describe advocacy basics and apply them 	
Duration	15'	

Session 8.7 Group activity: Advocacy for a sustainable budget for RRT programme		Logistics
Methodology	Group work/roleplay	Scenario copies.
Learning objectives	<ul style="list-style-type: none"> Develop advocacy plan for a sustainable budget for RRT programme 	
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Print one or two copies of the scenario below for each group. Set up the room to facilitate group discussions with each group of 5-6 individuals. Prepare the role play setting. Ensure you have a second facilitator to monitor time. 	
Instructions	<ul style="list-style-type: none"> Group work <ul style="list-style-type: none"> You will be given a scenario You will work in groups of 4 to 6 participants Building on what you have learnt about advocacy, and considering the scenario, respond to the following questions to be prepared to advocate for Makati RRT programme: <ol style="list-style-type: none"> What is the issue? Why is it an issue? Use data and research (benchmark with other countries but also national data.) What is your advocacy goal (what needs to be achieved in the longer term, i.e., 3–5 years)? Who are advocacy audiences? <ul style="list-style-type: none"> The decision-maker that has the authority to bring about the desired change? Individuals and groups that influence the decision-maker? What are your advocacy messages? <ul style="list-style-type: none"> Consider: who you are trying to reach, what do you want to achieve, what do you want the recipient to do? What will be the vehicle for the message? <ul style="list-style-type: none"> A one-on-one meeting? A presentation to a group? Etc. Role play <ul style="list-style-type: none"> One person will be selected to play the role of the RRT management lead, another person will play the role of the MoH Secretary General The RRT management lead has 5 minutes to convince the MoH Secretary General to set up a meeting to discuss financing of the RRT programme, where he will explain the issue in more detail and the proposed solutions. The rest of the group will observe the interaction and provide feedback to the RRT manager on her/his performance. 	
Outputs	<ul style="list-style-type: none"> Advocacy plan for having a regular budget for RRT programme designed. 	
Duration	45' group work; 15' role play and discussion	

Scenario:

You are the lead manager of the RRT programme in Makati.

You face various challenges to ensure proper management of RRTs, as you have limited resources. Financial resources for the RRT programme are not included into a regular budget, but rather assigned to you on ad hoc basis, depending on what is available.

You are only two persons on the RRT management team, and you can hardly cover all the work that needs to be done (leading the management team, selecting staff members, and coordinating deployment, updating the RRT roster and tracking RRT readiness, coordinating training for RRT members) and the field support which results in delaying the outbreaks response that only starts after 72H of notification.

You have identified training needs for RRT members at subnational level, especially on IPC and laboratory sample management, but have no budget to put a systematic training plan in place. As a consequence, there is a high level of RRT member infection during field activities (15% while the average in your region is 2,3%) and 50% of responders have left the RRT program in the past 3 years. In addition, 30% of laboratory results cannot be used because they are not reliable (against 10% in your region).

You prepare to meet the MoH Secretary General and advocate for having a regular budget for the RRT programme.

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants to debrief the session using the following elements:

1. What is the issue?

- The absence of regular sustainable budget for the RRT programme.

2. Why it is an issue?

- The absence of regular funding prevents RRT management from conducting regular training for RRT members, especially on IPC and laboratory sample management. As a consequence:
 - There is a high rate of RRT member infection (15%, while the average in our region is 2,3%) during field response, this results in an increase in responder attrition (50% of responders have left the RRT program in the past 3 years).
 - Over 30% of laboratory results cannot be used because they are not reliable (against 10% in our region).
- Furthermore, the management team currently composed of two individuals is unable to adequately follow up and provide support when requests from the field arise. As consequence:
 - Delay in response to outbreaks which only starts after 72H of notification, whereas the norm is 24 H
 - Greater spread of epidemics with an increase in the burden of morbidity and mortality.

3. What is your advocacy goal?

- To secure, in the next 3 years, a regular and sustainable budget to ensure the adequate functioning of the RRT programme during both preparedness and response phases.

4. Who are advocacy audiences?

- Makati MoH Secretary General
- Director of Emergency Preparedness and Response department at the MoH and EOC manager should also be invited

5. What are your advocacy messages?

- We should have regular adequate funding for the RRT programme (XXXX Money/year) to enable us to set up a strong and sustainable RRT programme in Makati with stable staff.
- A regular adequate funding for the RRT programme will contribute decrease morbidity and mortality rates during outbreaks.
- A regular adequate funding for the RRT programme is a highly cost-effective investment for Makati in the medium and long term, as currently the response to epidemics is delayed, which causes the spread of epidemics and generates more morbidity and even mortality.

6. What will be the vehicle for the message?

- Presentation to a group
- Development of a one-page summarizing key issues with accurate data, evidence-based information, and proposed solutions, including a 3-year budget plan.

Important: It is highly recommended to:

- Use statistics and information based on international and national evidence (if available).
- Compare with international standards and neighboring countries that have the same epidemiological situation and a similar health system but have RRT programs and better performance in outbreak management.

Key messages

- A manager's role is to plan, organize, direct, coordinate and control.
- Skills required for a manager vary depending on the manager's level. However, human - or soft skills - are equally important at all levels of management.
- Team management requires positive reinforcement and constructive criticism.
- Resolving conflicts is a key part of 'people' management. Conflict has many different causes, symptoms, and responses.
- Good communication is key to being an effective leader.
- Identify supporting groups and design an appropriate advocacy strategy to advocate and convince decision-makers.

Module 9: RRT programme planning

Module 9 objectives

At the end of this module, you should be able to:

- Define change management and describe pathways to change
- Develop a workplan for RRT programme (including administrative aspects, supply and logistics, training, performance evaluation, funding, etc.)
- Review/develop a budget plan covering RRT activities during both preparedness and response phases.
- Identify next steps to finalize the RRT MW outputs

Session 9.1 Change management		Logistics
Methodology	Facilitator-led presentation	Plenary room,
Learning	<ul style="list-style-type: none"> • Define change management 	

objectives	<ul style="list-style-type: none"> Recall common challenges Describe pathways to change 	computer, projector.
Duration	30'	

Session 9.2 Planning for RRT programme		Logistics
Methodology	Facilitator-led presentation	Plenary room, computer, projector.
Learning objectives	<ul style="list-style-type: none"> Describe phases of RRT Programming Describe the main factors favouring the implementation of a sustainable RRT programme Describe the main challenges to implement a sustainable RRT programme 	
Duration	30'	

Session 9.3 Group activity: RRT programme workplan development		Logistics
Methodology	Group work	Annex 11- Standard template RRT programme workplan in Excel, electronic format.
Learning objectives	<ul style="list-style-type: none"> Develop a plan for establishment/consolidation of an RRT programme. 	
Preparation for the session	<ul style="list-style-type: none"> Review the session and update to suit your preferred facilitation style. Share the electronic format of annex 11 with participants. Set up the room to facilitate group discussions with each group of 5-6 individuals. Ensure you have a second facilitator to monitor time. 	
Instructions	<ul style="list-style-type: none"> Depending on the time available and the number of participants: <ul style="list-style-type: none"> Form working groups All groups work on the goal, objectives and actions/ activities OR the group activity could be conducted on two steps: <ul style="list-style-type: none"> All groups work on the main goal and objectives, then the objectives will be validated in plenary Afterwards, each group will work on 1 or more objectives to develop the rest of the work plan Participants will be provided with a standard template RRT programme workplan in Excel format (annex 11). Define the main goal of the RRT programme workplan in their country Develop/adapt the main objectives for RRT programme workplan using the following template Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> RRT programme workplan drafted 	
Duration	90' group work; 30' presentations	Rapporteur, session outputs
Post session instructions	<ul style="list-style-type: none"> A workshop rapporteur should collate the content of each group output into one document for review and finalization after the workshop. 	

Participants will use this template to develop RRT programme workplan according to their country context:

Actions	Output	Responsible	Needed resources	Indicator	Date of completion	Anticipated challenges
Objectives 1.						
Action 1.1						
Activity 1.1.1						
Activity 1.1.2						
Activity 1.1.3						
Action 1.2						
Activity 1.2.1						
Activity 1.2.2....						
Action 1.3						
Activity 1.3.1....						
Objectives 2.						
Action 2.1						
Activity 2.1.1						
Activity 2.1.2						
Activity 2.1.3						
Action 2.2						
.....						

Goal of the RRT programme workplan (example)

The RRT programme workplan aims to ensure that RRTs are effectively established, run, tested, and maintained during preparedness phase, and that RRTs are operational according to set procedures during response phase.

Some examples of objectives and activities:

Objective 1: Establish an RRT management team

Actions	Output	Responsible	Needed resources	Indicator	Date of completion	Challenges to be anticipated
Action 1.1 Nominate the RRT management team	RRT management team is nominated	General Secretary of MOH? EOC manager?	Financial resources? Legal resources?	Official nomination signed		
Action 1.2 Train the RRT management team	RRT management team is trained	EOC manager? RRT management lead?		# of training completed		
.....						

Objective 2: Develop RRT standard operational procedures

Actions	Output	Responsible	Needed resources	Indicator	Date of completion	Challenges to be anticipated
Action 2.1 Make an inventory of available and missing SOPs	Available and missing RRT SOPs are identified	RRT management lead	Financial resources? Human resources? Legal resources?	# of available SOPs # of missing SOPs		
Action 2.2 Develop priority missing SOPs	Priority missing SOPs are developed	RRT management lead		# of Priority missing SOPs developed		
Action 2.3 Update priority SOPs	Priority SOPs are updated	RRT management lead		# of Priority SOPs updated		

Objective 3: Ensure availability of qualified human resources/ RRT members

Actions	Output	Responsible	Needed resources	Indicator	Date of completion	Challenges to be anticipated
Action 3.1: Recruit staff/RRT members according to the set SOP	RRT members are recruited	Deployment/ Surge Coordinator		# of RRT members recruited		
Action 3.2 Develop/update a roster according to the set SOP	A roster is developed/updated	Roster Manager /Data Analyst		% of missing data in the roster		
Action 3.3 Ensure adequate training according to the set SOP	RRT members are trained	Training Specialist/Coordinator		# of RRT members trained		

Objective 4: Ensure RRT members readiness

Actions	Output	responsible	Needed resources	Indicator	Date of completion	Challenges to be anticipated
Action 4.1: Continuously ensure that RRT members meet the health conditions and administrative considerations according to the set SOP	Health conditions and administrative considerations are met		Deployment/ Surge Coordinator	% of RRT members who met the health conditions and administrative considerations		
Action 4.2 Establish a stock of equipment and logistics necessary for the RRTs, including SOPs and those necessary for their safety and security and the availability of the required SOPs	A stock of equipment and logistics necessary for the RRTs is established		RRT management lead	# of days out of stock		
Action 4.3 Provide a just-in-time training	RRT members are trained		Training Specialist/ Coordinator	# of RRT members that received a just-in-time training before deployment		

Objective 5: Monitor and evaluate the RRT programme performance

Actions	Output	Responsible	Needed resources	Indicator	Date of completion	Challenges to be anticipated
Action 5.1 Develop/review the RRT management M&E framework	Framework is developed/reviewed	Monitoring and Evaluation Specialist		M&E framework available		
Action 5.2 Monitor RRT program performance	RRT program performance is monitored	Monitoring and Evaluation Specialist		RRT program monitoring annual report		
Action 5.3 Conduct simulation exercises	Simulation exercises are conducted	Training Specialist/ Coordinator		# of plans/SOPs reviewed in light of simulation exercises recommendations		

				ions		
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Common questions

- What if we don't have an EOC, can we still have an RRT programme?
 - Yes. The most important thing is for the RRT programme to be established somewhere within the country's public health emergency response system. The location should ensure the RRT programme is integrated into the response operations.
- Can you have more than one RRT programme (e.g., One Health RRT, Polio RRT, etc.)?
 - Yes. Some countries have multiple including different programmatic focuses (e.g., Polio or One Health) and different geographic scopes (e.g., local, subnational, national, regional, etc.). The important point is that there should be a multisectoral RRT located in a country – this can either be a link with all these different RRTs into a large roster or a separate all-hazard RRT that is ready to go.

Debriefing

The facilitator summarizes the session outcomes presented by participants and uses the examples above to debrief the session.

Session 9.4 Group activity: Development of the RRT programme budget plan		Logistics
Methodology	Group Work	Template for RRT budgetary plan, annex 12, in electronic format.
Learning objectives	<ul style="list-style-type: none"> • Identify what to consider while developing a budget plan for the RRT programme. • Develop a budget plan for the RRT programme. 	
Preparation for the session	<ul style="list-style-type: none"> • Review the session and update to suit your preferred facilitation style. • Share the electronic format of annex 12 with participants. • Set up the room to facilitate group discussions with each group of 5-6 individuals. • Ensure you have a second facilitator to monitor time. 	
Instructions	<ul style="list-style-type: none"> • Participants will be given a template of budgetary plan in Excel format (annex 12). • Using the template and taking into account budgetary considerations, they will: <ul style="list-style-type: none"> ○ Select one specific action from the list of the RRT Workplan they developed earlier. ○ Identify and list all the necessary resources required for each activity. ○ Estimate the cost for each resource, ensuring to consider all possible expenses according to budget headings and subcategories. ○ Estimate the total budget for the action. • Participants will need to: <ul style="list-style-type: none"> ○ Identify roles and activities needed to sustain the programme ○ Prioritize the roles/activities 	

	<ul style="list-style-type: none"> ○ Determine how to allocate the budget ● Each group will assign a rapporteur to present in plenary the outcomes of the group work/discussion. 	
Outputs	<ul style="list-style-type: none"> ● Budgeting of activities of one of the actions proposed in the RRT Programme workplan. 	
Duration	35' group work; 10' presentations	
Post session instructions	<ul style="list-style-type: none"> ● A workshop rapporteur should collate the content of each group output into one document for review and finalization after the workshop. 	Rapporteur, session outputs

Debriefing

The facilitator summarizes the discussion of the outcomes presented by participants and uses annex 11 and annex 6 content to debrief the session.

Session 9.5 Next steps		Logistics
Methodology	Plenary discussion	Plenary room, a computer, a projector. Flipchart -Markers
Learning objectives	<ul style="list-style-type: none"> ● Identify next steps for RRT programme establishment/strengthening ● Identify the challenges to be anticipated 	
Preparation for the session	<ul style="list-style-type: none"> ● Review the session and update to suit your preferred facilitation style. ● Ensure you have a flipchart and markers. ● Ask for a volunteer to take notes on the flipchart. ● Ensure you have a second facilitator to monitor time. 	
Instructions	<ul style="list-style-type: none"> ● In plenary, participants will be invited to assign a POC or group of POCs responsible for the development/finalization of the workshop outputs, with tentative deadlines. The participants should complete the needed information (see tables below) as much as possible. 	
Duration	60'	Rapporteur, session outputs
Post session instructions	<ul style="list-style-type: none"> ● A workshop rapporteur should summarize the discussions, so that the next steps can be consolidated after the workshop. 	

Important note:

It is recommended that a national facilitator facilitate this session!

Component	POC	Next Steps	Anticipated Challenges	Timeline
Composing the RRT management team				
ToRs for RRT management team				
RRT members job description				

The RRT roster				
RRT programme workplan				
RRT programme budget plan				

Component	POC	Next Steps	Anticipated Challenges	Timeline
SOP #1 Staffing and Rostering				
SOP #2: Administrative Consideration				
SOP# 3: Training				
SOP #4: Activation and Pre-Deployment				
SOP #5: Deployment				
SOP #6: Post Deployment				

Key messages

- The size of change management helps dictate who is engaged, the planning efforts and the implementation pathways.
- To plan for an RRT programme, always start by conducting a response capacity assessment.
- To ensure effective RRT management, key stakeholders, available funding and regular review should be considered.

Annexes

Important: all annexes included in this section are also provided as stand-alone documents in editable formats, to facilitate completion/ adaptation to country context.

Annex 0: Rapid Response Capacity Development (CDT) tool

The rapid response capacity development tool (CDT) is designed to help countries monitor their rapid response capacity progress. The tool enables to assess and monitor development of both Rapid Response Teams and Emergency Medical Teams (EMT) capacity development level. However, depending on their priorities, countries may use it to assess and monitor only RRT capacities (the CDT is provided in Excel format, as annex 0 on the RRT MTP toolbox).

Annex 1: RRT management team composition and terms of reference

Context

The preliminary control measures of an emergency response shape its evolution and impact. The resources deployed to investigate and implement the rapid response are therefore critical. Experience and lessons learned from responding to public health emergencies like COVID-19 and other outbreaks have stressed the vital role of subnational, national, and international Rapid Response Teams (RRTs) in the timely investigation and containment of such events. RRTs are multidisciplinary teams, trained and equipped, with the capacity to deploy rapidly to provide an efficient and effective public health response to health emergencies in coordination with other response efforts. In most recent past, various other global public health incidents, including radio nuclear and chemical incidents and natural disasters also required national health workers, from both the human and animal health sectors, including RRTs to intervene at the frontline. The establishment of well-trained and properly equipped RRTs would make it possible to respond to public health events more rapidly and more effectively, especially if they are supervised and coordinated by strong RRT management.

Add national context if any (A brief narrative on how the RRTs are formed and deployed in the country, at every level -national, subnational, county, and local.)

Goal and objectives

The establishment of an RRT management aims to maximize the RRT utility and efficiency in an emergency. The main objectives are:

- Coordination: Integrate and/or align RRT planning and operations with emergency response infrastructure
- Standard operating procedures (SOP) development: Plan and standardize RRT preparedness and response activities for a more efficient public health response
- Implementation: Identify and prepare a trained and ready public health workforce

Add national objectives if any

RRT management composition

The RRT management team may be composed of:

- RRT Manager/Management Lead
- Deployment/Surge Coordinator
- Training Specialist/Coordinator
- Roster Manager/Data Analyst
- Monitoring and evaluation specialist

Important: The number of people in the team will depend on human resources available, however independently of the number of people the above-listed functions should be ensured, and more than one role could be considered.

RRT management terms of reference

1. RRT Manager/Management Lead terms of reference

In preparedness phase:

- Garner political will, legislation, and finances to ensure sustained establishment of RRTs
- Lead the management team and coordinate with leadership and stakeholders
- Set standards for team conduct in the field
- Ensure continuous RRT program improvement based on M&E results

In response phase:

- Ensure ongoing coordination and two-way communication between team members in the field (through the RRT team lead), the Emergency Operations Center (EOC) or equivalent, and other response efforts
- Provide orientation and technical support and ensure that team members in the field have access to subject matter experts' support remotely
- Put in place a mechanism to monitor team members' security, safety, and wellbeing in the field
- Take disciplinary measures for team member misconduct as it applies
- Monitor and evaluate teams' response activities in the field, with the M&E specialist's support

2. Deployment/Surge Coordinator terms of reference

In preparedness phase:

- Develop a plan for staffing teams, manage member readiness, selection, and deployment support
- Provide and/or procure equipment and logistic support for team members in the field

In response phase:

- Identify and select required members to be mobilized for deployment, depending on the emergency type
- Ensure that team members to be deployed receive pre-deployment briefing
- Ensure that team members comply with requirements for deployment
- Ensure availability of equipment and logistics for team members and activities in the field

3. Training Specialist/Coordinator terms of reference

In preparedness phase:

- Develop training curriculum and training plan
- Identify appropriate existing training and coordinate training activities
- Propose periodical mandatory training and simulation exercises based on country specific risk profiles and hazards identified

In response phase:

- Ensure that team members to be deployed receive just-in-time or refresher training on the current emergency to be managed
- Ensure that team members to be deployed are properly informed and trained on ethics and code of conduct during deployment, with a special attention to prevention of sexual exploitation, abuse, and harassment

4. Roster Manager/Data Analyst terms of reference

In preparedness phase:

- Develop and maintain team members roster/databases
- Provide data reports on program capacity and deployment history

In response phase:

- Support the deployment/ surge coordinator to select required members to be mobilized for deployment
- Collect and analyse data on deployed team members.

5. Monitoring and Evaluation Specialist (suggested)

In preparedness phase:

- Monitor and evaluate the quality of the program management, training, and operations.
- Develop a M&E reports
- Provide recommendations for continuous program improvement.

In response phase:

- Ensure post-deployment reporting.
- Support RRT management lead to monitor and evaluate teams' response activities in the field.

Annex 2: Standard RRT SOP template

Introduction	
Purpose	The purpose of this standard operating procedure (SOP) is to outline name of procedure of country's National Rapid Response Team (RRT) in the case of a public health emergency.
Scope	This SOP applies to country's National RRT management team to assist in indicate the scope.
Key Stakeholders	List all the key stakeholders and what exactly their main role is in relation to this SOP
Procedure	
<p>In this section, you should provide a step-by-step detailed explanation of how the process will be carried out.</p> <p>Do not omit to clearly state:</p> <ul style="list-style-type: none"> • Specific person/agency/ institution responsible • Specific collaborators • Description of roles of the above at each step of the process • Levels of the system involved at each step • Timeline for completion of each step • Maps, flowcharts, decision trees, sample e-mail/letter, etc. • Other information as relevant. 	
Annexes	

Annex 3: Examples of RRT members job profile/description

RRT members job profile/description

1. General requirements for all RRT members:

Educational qualifications:

- Essential: Suitable qualification for the member's expected role e.g., Epidemiology, Infection prevention and control, Laboratory, etc.
- Desirable: Bachelor's degree or higher qualification.

Experiences:

- Essential: 1 year or more experience in the expected role
- Desirable: 1 year or more field deployment experience is preferred

Health conditions:

- Does not suffer from uncontrolled medical conditions that could limit work needs.
- Vaccinated against common communicable diseases.
- Further vaccinations may be required later according to the changing circumstances.

Age:

- Minimum and maximum age for RRT members may be indicated into the job profile, based on country's needs and preferences.

Soft skills:

- Teamwork
- Respecting and promoting individual and cultural differences
- Communication
- Producing results
- Ensuring the effective use of resources
- Creating an empowering and motivating environment

Languages:

- Essential: Excellent oral and written level of country language
- Desired: Knowledge of another local language would be an asset

2. Specific skills required by profile:

- The required skills vary according to each country's context as well as the nature of the occurring emergencies.
- Additional roles should be considered according to the type of emergencies faced by the country (i.e., water, sanitation, and hygiene (WASH) experts for cholera outbreaks, veterinarians for zoonosis diseases, etc.).
- Suggested skills for essential RRT members:

1. Team Leader

Suggested qualifications	Responsibilities	Deliverables
<ul style="list-style-type: none"> • Experience in emergency response. 	<ul style="list-style-type: none"> • Coordinating response activities with key 	<ul style="list-style-type: none"> • Team plans/priorities • RRT situation report

<ul style="list-style-type: none"> • Trained on team leadership and management in the field. • Skills in outbreak investigation. 	<ul style="list-style-type: none"> • stakeholders and other actors in the field • Coordinating team members activities • Evaluating whether appropriate data are being collected and indicators met • Reporting to headquarters on the team's activities, challenges, current and expected needs 	<ul style="list-style-type: none"> • List of locations to be visited with assigned RRT members and list of accomplished visits.
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Note: Team leader could be a dual role.

2. Epidemiologist/surveillance officer

Suggested qualifications	Responsibilities	Deliverables
<ul style="list-style-type: none"> • Trained in epidemiology including basic data management and emergency surveillance • Familiar with the surveillance system at the national and sub-national levels, the agreed upon standardized case definition, and the standardized tools (including electronic databases, if any) and line list, contact tracing forms, etc. • Ideally, have experience in risk assessment and outbreaks investigation, including statistical tools of risk assessment and familiarity with basic epidemiological studies, that may be required to be conducted. • Aware of border health and point of entry regulations 	<ul style="list-style-type: none"> • Reviewing data collected (e.g., line lists) in the field and at healthcare facilities • Evaluating and improving (as needed) compliance with standardized case definitions and tools • Identifying at-risk groups, demographics, etc. • Working with and increasing the capacity of local epidemiologists or disease surveillance officers to review and analyze data • Generating hypotheses about the origin of the emergency to guide control measures • Test the hypothesis by conducting epidemiological study 	<ul style="list-style-type: none"> • Case definitions. • Questionnaire/data collection form. • Line listing form. • Contact tracing form. • Evidence based communication on cause of the outbreak and major risk factors

3. Case Management expert

Suggested qualifications	Responsibilities	Deliverables
<ul style="list-style-type: none"> • Clinician, e.g., doctor or nurse 	<ul style="list-style-type: none"> • Initial clinical management of patients 	<ul style="list-style-type: none"> • List of required medications and tools for case

<ul style="list-style-type: none"> • Experience in acute/critical patient treatment, healthcare facility setup and flow • Proper use of personal protective equipment (PPE) • Knowledge of infection prevention and control (IPC) principles • Experience with outbreak investigations 	<ul style="list-style-type: none"> • Provision of necessary materials for healthcare facility functioning • Increasing capacity of healthcare workers to treat patients 	<ul style="list-style-type: none"> • management. • Report on adherence to standardized treatment and case management • List of healthcare facilities in need of supplies/equipment • Case reports
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4. Infection prevention and control expert

Suggested qualifications	Responsibilities	Deliverables
<ul style="list-style-type: none"> • Expertise in IPC • Experience with outbreak investigations • Familiarity with IPC in community setting 	<ul style="list-style-type: none"> • Ensuring the proper use of PPE and utilizing IPC principles by healthcare workers and community members, including safe waste management. 	<ul style="list-style-type: none"> • Developed and implemented IPC policies and SOP contents • IPC assessments conducted and work plan developed • Structural controls established (e.g., triage setup, registration area, respiratory waiting area) • IPC focal person and team in place • Trained HCWs • Signage placed in strategic areas • List of required PPEs • List of disinfectants and waste disposal equipment.

5. Risk communication/Community engagement/social mobilization expert

Suggested qualifications	Responsibilities	Deliverables
<ul style="list-style-type: none"> • Aware of the local community and understands its customs and various beliefs that can affect health or outbreak response activities. • Familiar with the myths, rumors, and stigma associated with the most important diseases according to the country's context. • Familiarity with basics of public health ethics • Understand the national 	<ul style="list-style-type: none"> • Identify rumors and misconceptions that exist in the community • Identify barriers to acceptance of prevention and control measures, including vaccine resistance • Increase knowledge of disease in the community and encourage engagement in controlling the emergency 	<ul style="list-style-type: none"> • Map of areas targeted with social mobilization campaigns • Lists of community leaders and networks • Messaging tailored for different audiences and information needs Knowledge, attitudes, and perceptions (KAP) surveys or other community feedback mechanisms • Communication surveillance reports from formal and/or informal channels • Communication plan Risk Communication checklist for both scenarios:

<p>and subnational leadership structures to engage the appropriate stakeholders.</p> <ul style="list-style-type: none"> • Knowledge in audience analysis strategies • Knowledge on crisis and emergency risk communication. • Knowledge on health education outreach activities 		<ul style="list-style-type: none"> • o No COVID-19 cases identified • o COVID-19 cases already identified • Daily/weekly/monthly talking points • Risk communication skills training • 24/7 local hotline plan including script for staff
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6. Laboratory expert

Suggested qualifications	Responsibilities	Deliverables
<ul style="list-style-type: none"> • Understand laboratory sample collection, transport needs, and testing procedures, including preferred samples and preferred time of collection vis a vis course of the disease, battery of tests for diagnosis and monitoring. • Able to teach and demonstrate these techniques. • Knowledge of national and sub-national laboratory capacity and locations. • Knowledge of biosafety and biosecurity. 	<ul style="list-style-type: none"> • Evaluate the process of sample collection, transport, and testing • Teach sample collection, transport, and proper testing • Evaluate laboratory capacity to test for the appropriate pathogens, including Quality Assurance and Reference laboratory linkage 	<ul style="list-style-type: none"> • Report of: <ul style="list-style-type: none"> -Total samples -Positive samples -Types of tests • Laboratory sample tracking form • List of networks of laboratories with specific services available from each, hierarchy of referral and standardized turnaround time for each test • Laboratory specimen data report to submitter (e.g., healthcare facility, HCWs, case-patients, etc.) • Testing capacity report • List of soon to be needed kits and equipment.

7. Logistics expert

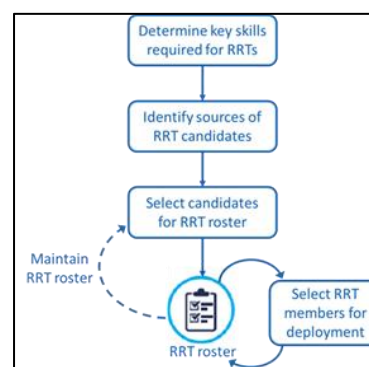
Suggested qualifications	Responsibilities	Deliverables
<ul style="list-style-type: none"> • Trained in logistics and supply chains. 	<ul style="list-style-type: none"> • Coordinate the team transportation and travel accommodations • Provide logistical support for transportation of samples to laboratories. • Procurement planning within the scope of local and remote resource management • Map out locations of equipment and supplies and manage the stock for 	<ul style="list-style-type: none"> • Required equipment available, including communication material and stock maintained • RRT members transportation • Shipment of samples to the laboratory • Administrative processes and financial management

		the response <ul style="list-style-type: none"> • Coordinate the security of the team in the field. 	
<i>Note: Depending on availability of human resources, the logistics expert could be in the field or support the team from the headquarters.</i>			

Annex 4: SOP 1- Staffing and rostering

Introduction Who, What, Where, When, Why, How	
Purpose	<i>What is the reason for doing this activity/procedure?</i>
Scope	<i>Who does this SOP apply to?</i>
Key Stakeholders	<i>What key stakeholders need to be consulted to create this SOP? What are their main responsibilities in this activity?</i>
Procedure	
<i>What are the step-by-step actions to be completed? By whom and when?</i>	
<p>Identify Skills & Roles</p> <ol style="list-style-type: none"> ★ WHAT ARE THE COMMON HEALTH EMERGENCIES IN THE COUNTRY? <ul style="list-style-type: none"> Common diseases that cause health emergencies in the country (especially over the last 3-5 years) Natural disasters (flooding, fire) Other types, such as large car accidents, ARE THERE OTHER DISEASES OR EMERGENCIES FOR WHICH THE COUNTRY MUST BE PREPARED TO RESPOND, EVEN IF THEY ARE NOT COMMON? <ul style="list-style-type: none"> e.g., pandemic influenza ★ WHAT ROLES OR POSITIONS ARE NEEDED TO RESPOND TO THESE EMERGENCIES? <ul style="list-style-type: none"> Consider common roles such as epidemiology, case management, infection prevention and control, social mobilization, risk communication, laboratory expertise, etc. The Joint External Evaluation also addresses food safety, biosafety and biosecurity, points of entry, chemical events, and radiation emergencies WHAT SKILLS ARE NEEDED FOR THESE ROLES? <ul style="list-style-type: none"> Case investigation Active case finding/contact tracing Training Clinical management Evaluation of healthcare facilities Data management Laboratory sample collection and transport Collection of animal or environmental samples Etc. <p>Staff Identification & Selection</p> <p>Identify RRT candidates</p> <ol style="list-style-type: none"> WHO CURRENTLY RESPONDS TO OUTBREAKS? IS THERE A SPECIFIC TEAM/GROUP WITHIN YOUR GOVERNMENT OR OUTSIDE THE GOVERNMENT? 	

Steps for staffing an RRT



- At the national/central level, these people are often in the Section for Disease Control (generic name) within the Ministry of Health
 - All staff who currently respond to outbreaks should be considered an RRT candidate unless they meet certain exclusion criteria
 - If considering a tiered structure to the team, full-time core staff vs. surge staff, the people who normally respond may be considered for the “core staff”
6. ★ WHICH OTHER AREAS WITHIN THE GOVERNMENT HAVE STAFF WITH THE DESIRED SKILLS (OR STAFF CAPABLE OF DEVELOPING THE SKILLS THROUGH TRAINING AND EXPERIENCE)?
- Depending on the size and structure of the Ministry, there may or may not be other sections
 - Consider FE(L)TP and other training programs within the Ministry
 - Consider programs with staff who often have experience with outbreaks even if their normal duties are not outbreak related. E.g., immunization programs are often involved outbreak response of vaccine-preventable diseases.
 - Consider responders at other levels, e.g., local, or subnational responders (may be considered part of an external organization in some countries)
 - Can introduce possibility of staff from other Ministries (e.g., for Animal Health, Environmental Health). Recruiting staff from other Ministries may have legal and financial implications
 - Can also discuss other types of emergencies
7. WHICH EXTERNAL ORGANIZATIONS HAVE STAFF WITH THE DESIRED SKILLS? WHAT AGREEMENTS (E.G. CONTRACTS, MEMORANDUMS OF UNDERSTANDING) WILL BE NEEDED BEFORE STAFF COULD BE MOBILIZED, IF ANY?
- Consider UN agencies, NGOs, universities, other international response organizations, training programs (including FE(L)TP if not within the Ministry)
 - Recruiting staff from other organizations may have legal and financial implications
- Consider:** WHAT MEMORANDUMS OF UNDERSTANDING OR OTHER DOCUMENTATION WILL BE REQUIRED WITH THESE ORGANIZATIONS TO HAVE THEIR STAFF BE PART OF THE RRT?

Candidate Selection for RRT Roster

8. HOW MANY PEOPLE SHOULD BE SELECTED FOR THE RRT ROSTER?
- HOW MANY PEOPLE ARE USUALLY MOBILIZED FOR A RESPONSE?
 - HOW MANY ADDITIONAL PEOPLE SHOULD BE SELECTED? CONSIDER NOT ALL STAFF WILL BE AVAILABLE WHEN NEEDED FOR AN EMERGENCY.
 - CONSIDER: WILL YOU HAVE THE RRT MEMBERS BE ON CALL OR NOT, RATE OF NON-RESPONSE WHEN CALLED TO RESPOND, THE HUMAN RESOURCES REQUIRED TO MAINTAIN A LARGE ROSTER, ETC.
 - Not all staff will be available when needed for an emergency, e.g., important work projects they cannot leave, family emergencies, holiday leave, moved to new position; therefore, extra staff on the roster can help ensure a sufficient number of responders are available when needed
9. ★ WHAT INCLUSION CRITERIA WILL BE USED TO SELECT CANDIDATES?
- Consider training, language skills, response experience, education, etc.
 - For some countries some inclusion criteria is solely that they work within the government/at the Ministry
10. WHAT EXCLUSION CRITERIA WILL BE USED?
- Candidates in mission critical roles or emergency response leadership positions may not be appropriate, particularly if their absence during mobilization could hinder the response.

- Consider what should happen to staff known to be difficult to work with or who have been reprimanded for other issues (e.g., ethical conduct)
- Consider medical, physical, and mental health benchmarks/testing if any

11. WILL CANDIDATES NEED TO FILL OUT AN APPLICATION? IF YES, WHAT QUESTIONS CAN ADDRESS THE INCLUSION AND EXCLUSION CRITERIA?

- Applications can be used to select among candidates if all candidates are not automatically selected
- Applications can also be used to collect information for rostering purposes (discussion topic for another group)

12. WHAT CRITERIA CAN DISTINGUISH POTENTIAL TEAM LEADERS FROM THE RRT CANDIDATE POOL?

- Consider years of experience, demonstrated leadership during prior responses, specialized training, etc.

13. WHO HAS THE AUTHORITY TO SELECT THE CANDIDATES?

- If there are questions about why someone was or was not selected, this person may need to discuss this with the candidates' supervisors

14. DO CANDIDATES' SUPERVISORS OR ORGANIZATIONS NEED TO APPROVE THEIR SELECTION? IF YES, HOW WILL THEIR APPROVAL BE OBTAINED?

- Discuss the importance of buy-in (and approval) by supervisors
- Discuss how this supervisory approval will be obtained (e.g., written agreement, verbal agreement, etc.)

Roster Management

15. WHAT SOFTWARE PLATFORM WILL YOU USE FOR A DATABASE OR SPREADSHEET TO COLLECT THE RRT'S INFORMATION?

Consider the ease/use of the platform for:

- Entering data
- Sharing data with relevant stakeholders
- Standardizing data choices/variables
- Selecting/searching for appropriate skillsets of RRT members during an emergency
- Analyzing the data to show impact of the RRT program
- Controlling who has access to make changes to the data

16. ★ WHAT INFORMATION DO YOU WANT IN THE RRT ROSTER? I.E. WHAT VARIABLES ARE NEEDED IN THE SPREADSHEET? HOW WILL THESE VARIABLES BE CATEGORIZED?

Consider the following variables:

- Roles (what role will they fill)
- Relevant skills (what skills do they have)
- Contact information
- Regular employment information
- Team leader qualification (if any)
- Response experience (years)
- Languages (which languages)
- Training received (what trainings and when)
- Physical or mental fitness (beware of stigma!)
- Vaccinations (if applicable)
- Discuss advantages and disadvantages to different categories

<ul style="list-style-type: none"> ○ Yes/no: How much skill must one have to select “Yes”? E.g., if “yes” to French language skills, does it mean they can only order food in a restaurant or does it mean they are fluent and can present, write, read technical information? ○ Expert/advanced/intermediate/beginner: may have issues distinguishing between the different levels but ensures that you can more accurately select the “best” candidate <p>17. ★HOW WILL THE RRT ROSTER DATA BE COLLECTED?</p> <ul style="list-style-type: none"> • If using an application in the process of identifying and selecting candidates, the application data can be used. • Consider creating forms (hard or soft copy, or online) to collect roster data • Discuss self-assessment vs. objective assessment <ul style="list-style-type: none"> ○ Individuals may over or underestimate their skill level which can lead to issues during a response ○ Objective assessments are time-consuming and resource intensive <p>18. ★HOW WILL THE ROSTER DATA BE KEPT UP TO DATE? WHO IS RESPONSIBLE? HOW OFTEN WILL IT BE UPDATED?</p> <ul style="list-style-type: none"> • During an emergency, current information is needed to 1) rapidly identify the RRT members with the needed skills, 2) rapidly contact the RRT members for mobilization • Discuss steps to maintain current data • Consider who will be responsible: <ul style="list-style-type: none"> ○ What is the responsibility of the RRT members (e.g., when information changes, they must send new information to... who) vs. ○ What is the responsibility of the RRT manager/headquarters (e.g., enter data submitted by RRT members, regularly check in with RRT members to collect new information) • How often will the data be updated: may depend on who is responsible and how new data are collected <p>19. HOW WILL THE ROSTER BE REPLENISHED TO ACCOUNT FOR RRT MEMBER ATTRITION?</p> <ul style="list-style-type: none"> • Over time people change jobs, retire, or otherwise become unavailable for mobilization. • How will new RRT members be identified over time to replenish the roster and replace outgoing members? • This may be a good point for discussion with the Candidate Identification & Selection group 	<div style="background-color: #d4edda; padding: 5px; text-align: center;">Appendices & Action Items</div> <div style="background-color: #d4edda; padding: 5px; text-align: center;">Action Items Post-RRT Management Workshop:</div>
<p><i>Any external documents, templates, contact lists, etc. needed to complete SOP.</i></p>	<p><i>Next steps and POCs to complete SOP.</i></p>

Important note:

The questions used above are prompts from the facilitator to help participants think about what should be in the SOP. THEY ARE NOT SUPPOSED TO BE ANSWERED AS THE SOP.

Annex 5: Example of roster template

CONTACT INFORMATION								LANGUAGE SKILLS	RESPONDER READINESS	WORK RELATED INFORMATION	RRT TRAININGS COMPLETED	RESPONSE EXPERIENCE				
ID																
Age																
Gender																
First name																
Last name																
Email address 1																
Email address 2																
WhatsApp number																
Location - City																
Language 1																
Language 2																
Language 3																
Medical clearance (year)																
Vaccination up to date (year)																
Psychological screening (year)																
Administrative clearance																
Security/safety trainings completed																
Educational background																
Primary professional role																
Institution/department																
RRT deployment role 1																
RRT deployment role 2																
RRT level (national/subnational)																
RRT Essentials Online LP completed																
RRT Manager Online LP completed, if																
RRT Advanced TP completed (year)																
RRT TOT completed (year)																
Role-specific training completed																
Other RRT related training																
Response to event 1																
Level (national/ subnational)																
Response to event 2																
Level (national/ subnational)																
Response to event 3																
Level (national/ subnational)																
Response to event 4																
Level (national/ subnational)																
Response to event 5																
Level (national/ subnational)																

Annex 6: SOP 2- Financial and administrative considerations

Introduction Who, What, Where, When, Why, How	
Purpose	<i>What is the reason for doing this activity/procedure?</i>
Scope	<i>Who does this SOP apply to?</i>
Key Stakeholders	<i>What key stakeholders need to be consulted to create this SOP? What are their main responsibilities in this activity?</i>
Procedure	
<i>What are the step-by-step actions to be completed? By whom and when?</i>	
<p><u>Budget</u></p> <p>1. WHAT FACTORS SHOULD BE CONSIDERED WHEN DRAFTING A BUDGET? (CONSIDER THE NON-EMERGENCY AND EMERGENCY PHASES)</p> <ul style="list-style-type: none"> • OPERATIONAL COSTS: INFORMATION TECHNOLOGY, ROSTER SOFTWARE, TRAINING FUNDING, FUNDING FOR RRT MANAGEMENT PERSONNEL, OFFICE SUPPLIES, ETC. • Human resources: RRT management personnel, RRT member salaries and per diems (if applicable), drivers, translators, security, etc. • General equipment: communication devices, computers/laptops, hotspots, weather gear, personal protective equipment • Disease specific: technical supplies and materials • Transportation: flights, fuel, drivers, cars • Lodging • Meals <p><u>Employment-Related Issues</u></p> <p>2. WILL THE RRT INCLUDE FULL-TIME DEDICATED RESPONDERS?</p> <p>3. WILL THE RRT MEMBERS BE FROM OTHER EMPLOYMENT POSITIONS (MOST COMMON APPROACH)?</p> <ul style="list-style-type: none"> • ARE ANY LEGAL CONTRACTS OR AGREEMENTS NEEDED TO MOBILIZE RESPONDERS? <ul style="list-style-type: none"> ○ IS THERE A CLAUSE IN EMPLOYMENT CONTRACTS (IF USED) THAT STATES MOBILIZATION FOR EMERGENCIES IS PART OF EMPLOYMENT DUTIES? IF NOT, IS ONE NEEDED? ○ WHAT NEEDS TO BE ESTABLISHED TO MOBILIZE RRT MEMBERS FROM OTHER MINISTRIES OR EXTERNAL ORGANIZATIONS? INTERAGENCY AGREEMENTS, MEMORANDUMS OF UNDERSTANDING, ETC. • Key point: avoid delays in mobilization due to legal constraints or lack of pre-existing agreements • Is there a clause in employment contracts (if used) that states mobilization for emergencies is part of employment duties? If not, is one needed? <ul style="list-style-type: none"> ○ Depending on the situation, there may be the expectation RRT members go when told, regardless of their contract or normal job duties. • If RRT members do not normally respond to emergencies is an agreement needed to deploy when activated immediately 	

- What needs to be established to mobilize RRT members from other Ministries? Interagency agreements, memorandums of understanding, etc.
4. ★ HOW WILL RRT MEMBERS' ABSENCE DURING MOBILIZATION AFFECT REGULAR OPERATIONS? HOW WILL NORMAL WORK ACTIVITIES BE COVERED?
- WILL RRT MEMBERS BE PREVENTED FROM MOBILIZING DUE TO NORMAL WORKLOAD? IS THE NORMAL WORK MORE IMPORTANT THAN THE EMERGENCY RESPONSE?
 - WILL SUPERVISORS BE RELUCTANT OR ACTIVELY PREVENT RRT MEMBERS MOBILIZATION?
 - IS THERE A PLAN IN PLACE TO HAND OFF DAILY WORK TO A COLLEAGUE WHILE MOBILIZED?
- Consider the following:
- What components should be included in the plan? E.g., identifying specific staff to cover

Code of Conduct

5. ★ IS THERE A CODE OF CONDUCT (GUIDANCE OR POLICY DOCUMENT ON APPROPRIATE PROFESSIONAL CONDUCT INCLUDING ETHICS) FOR RRT MEMBERS? IF NOT, HOW SHOULD THIS BE DEVELOPED AND WHAT SHOULD IT INCLUDE?
- DOES IT COVER OFF-HOURS WHILE MOBILIZED?
 - ARE THERE DIFFERENT EXPECTATIONS FOR TEAM LEADERS VS. RRT MEMBERS? MINISTRY STAFF VS. RRT MEMBERS FROM OTHER ORGANIZATIONS?
 - Code of Conduct should explicitly state expectations of staff while working
 - While mobilized, RRT members are representing the Ministry and the response.
 - RRT members may be on mission for extended periods living in stressful conditions.
 - Occasionally, inappropriate coping mechanisms are used to deal with stress. However, it may be unclear what is "appropriate" vs. "inappropriate" especially during off-hours while on mission.
6. WHAT ARE THE CONSEQUENCES FOR INAPPROPRIATE BEHAVIOR DURING A MOBILIZATION?
- How are the consequences determined for various levels of offense?
 - When is it appropriate to send an RRT member home (if ever)?

Compensation

7. ★ WHO IS RESPONSIBLE FOR PAYING THE SALARY OF THE RRT MEMBER WHEN THEY ARE DEPLOYED?
- What mechanism must be in place to do this (if any)?
 - Consider what memorandums of understanding, contracts, or other legal frameworks need to be in place.
 - Who has the authority to make this decision?
 - Ideally this is delineated ahead of an emergency so that it does not delay the RRT from deploying.
8. HOW ARE PER DIEMS FINANCED AND PROVIDED?
- ARE THERE MECHANISMS TO PROVIDE PER DIEM TO RRT MEMBERS PRIOR TO MOBILIZATION, I.E. AN ADVANCE?
 - IF MECHANISMS EXIST, WHAT IS THE PROCESS FOR DOING THIS AND HOW CAN THAT BE SHARED WITH RESPONDERS SO THEY CAN USE IT?
 - IF NO MECHANISMS EXIST, CAN A MECHANISM BE SET UP? WHO HAS THE AUTHORITY TO MAKE THIS DECISION?
 - Often responders are repaid for their expenses after returning from the field. Discuss how much of a hardship this is for responders.

9. WILL RRT MEMBERS BE GIVEN SPECIAL COMPENSATION (FINANCIAL OR OTHER) FOR OVERTIME, WEEKEND, AND/OR HOLIDAY PAY WHILE MOBILIZED FOR A RESPONSE?
 - Of note, many countries do not have any additional compensation mechanisms but can be considered to encourage RRT engagement and willingness to deploy.
10. WILL ADDITIONAL INCENTIVES (FINANCIAL OR OTHER) OR HARDSHIP PAY BE GIVEN?
 - IF INCENTIVES ARE OFFERED TO DEPLOYING RRT MEMBERS, WHAT WILL HAPPEN TO THE RRT MEMBERS (OR OTHER STAFF) WHO ARE NOT DEPLOYING OR RECEIVING THE INCENTIVE? WILL THIS CAUSE ISSUES? HOW WILL IT BE HANDLED?
 - Of note, many countries do not have any additional compensation mechanisms but can be considered to encourage RRT engagement and willingness to deploy.

Healthcare and Insurance Coverage

11. ★ WHAT ACCESS TO HEALTHCARE WILL RRT MEMBERS HAVE IF INJURED OR ILL WHILE ON DEPLOYMENT?
 - IF THERE IS A VACCINE-PREVENTABLE DISEASE OUTBREAK (E.G. YELLOW FEVER), HOW WILL RRT MEMBERS PROTECT THEMSELVES FROM INFECTION? WILL THEY BE VACCINATED/HAVE ACCESS TO VACCINATION? WHAT IF RESPONDERS REFUSE TO BE MOBILIZED BECAUSE OF THE RISK?
 - Discuss how the other RRT members and RRT management/EOC can support the affected RRT member
12. ★ WHO WILL PAY THEIR HEALTHCARE EXPENSES?
 - Consider physical, psychosocial, and injury expenses
 - Often up to the RRT member to pay the expenses and discussion should consider local context
 - What are the implications of this?
13. WILL MEDICAL, DISABILITY, AND LIFE INSURANCE BE PROVIDED FOR RRT MEMBERS?
 - Often none is provided; there may or may not be healthcare insurance programs in place (public or private)
 - Can discuss the implications of insurance coverage with consideration of local context/norms
 - Consider who will pay for this coverage
 - If there is any coverage available, RRT members are often responsible for the costs.
 - Can discuss the implications
14. WILL RRT MEMBERS AND/OR THEIR FAMILY BE COMPENSATED IN CASE OF ILLNESS, INJURY, OR DEATH?
 - Often none is provided
 - Can discuss the implications
15. WHAT IS THE PROVISION OF PSYCHOSOCIAL SUPPORT DURING AND POST-DEPLOYMENT?
 - WHAT CRISIS SUPPORT WILL BE NEEDED DURING LARGE EVENTS?
 - Consider the mechanism for the provision including who will provide this service and how it will be covered financially
16. HOW WILL SECURITY FOR THE RRT BE PROVIDED, TRACKED, AND ENSURED WHILE DEPLOYED?

<p>17. WHAT IS THE PROCESS FOR AN EMERGENCY EVACUATION DUE TO MEDICAL OR SAFETY CONCERNS?</p> <ul style="list-style-type: none"> • WHO WOULD NEED TO BE INVOLVED IN DEVELOPING THE PROCESS? E.G. LAW ENFORCEMENT/SECURITY PERSONNEL, AMBULANCE SERVICES • WHO HAS THE AUTHORITY TO APPROVE THE PROCESS? • Discuss the importance of being able to evacuate RRT members due to medical emergency or safety/security concerns (e.g., civil unrest) • If none, discuss how one might be developed particularly in complex situations (e.g., when the RRT members cannot simply evacuate themselves) <p>RRT Members from External Organizations</p> <p>18. WHICH ORGANIZATION WILL PAY WAGES AND SALARIES WHILE THE RRT MEMBER IS MOBILIZED?</p> <ul style="list-style-type: none"> • WILL HOME ORGANIZATIONS BE WILLING TO PAY SALARY WHEN THE RRT MEMBER IS MOBILIZED AND NOT COVERING THEIR NORMAL DUTIES? • CAN THE MOBILIZATION ORGANIZATION PAY THE HOST ORGANIZATION TO COVER SALARIES DURING MOBILIZATION? • Laws may affect which organizations can pay RRT members, e.g., if there are restrictions on how many jobs an individual can have <p>19. WHAT LEGAL CONTRACTS OR AGREEMENTS WITH INDIVIDUAL RRT MEMBERS AND/OR THEIR ORGANIZATIONS ARE NEEDED?</p> <ul style="list-style-type: none"> • Key point: mobilizing staff from other organizations may have additional legal and financial implications. • Consider: What arrangements need to be made to avoid mobilization delays during an emergency?
<p>Appendices & Action Items</p> <p><i>Any external documents, templates, contact lists, etc. needed to complete SOP.</i></p>
<p>Action Items Post-RRT Management Workshop:</p> <p><i>Next steps and POCs to complete SOP.</i></p>

Important note:

The questions used above are prompts from the facilitator to help participants think about what should be in the SOP. THEY ARE NOT SUPPOSED TO BE ANSWERED AS THE SOP.

Annex 7: SOP 3- Training

Introduction Who, What, Where, When, Why, How	
Purpose	<i>What is the reason for doing this activity/procedure?</i>

Scope	<i>Who does this SOP apply to?</i>
Key Stakeholders	<i>What key stakeholders need to be consulted to create this SOP? What are their main responsibilities in this activity?</i>
Procedure	
<i>What are the step-by-step actions to be completed? By whom and when?</i>	
1. ★ WHAT CONTENT SHOULD BE INCLUDED IN THE RRT TRAINING CURRICULUM?	
THEME	TOPIC
Emergency Response Infrastructure and Rapid Response Team Operations	Emergency response infrastructure, EOC/IMS Peacetime: staying ready/trained, requirements for team membership Pre-Deployment: just-in-time Deployment: Deliverables, measurable activities, data to collect by each sector, indicators/metrics, reporting Post-Deployment: debrief, After Action Report Common stakeholders in the country
Resources/tools to use in common public health emergencies	National guidelines, if available Standardized case definition Media training and key messages Use of common tools/equipment Use of standardized reporting forms
RRT Response Activities Performed in all Types of Emergencies	Rapid Assessment Case Investigation Data Social Mobilization Communication Clinical Management/Infection prevention and control Laboratory testing One Health, etc.
Soft Skills	Ethics in Emergencies Cultural Diplomacy Communication Community Engagement Teamwork
Responder Wellness	Dealing with Stress Medical emergencies Safety and Security Mental health and wellbeing Personal protective equipment Responder Resiliency

Role-Specific Training	Team Leader Epidemiology Communication Laboratory Social Mobilization Case Management Others...
Other	

2. WILL THE CONTENT BE DIFFERENT BASED ON THE RRT MEMBER'S ROLE?
 - ROLE SPECIFIC TRAINING (E.G. EPIDEMIOLOGISTS HAVING MORE FIELD EPIDEMIOLOGY TOPICS COVERED, LABORATORY SPECIALISTS HAVING MORE FIELD LABORATORY TOPICS COVERED, ETC.)
3. WHAT ADDITIONAL TRAINING CONTENT SHOULD TEAM LEADERS HAVE?
 - TEAM LEADERS SHOULD HAVE SOME COMPONENT OF LEADERSHIP TRAINING: DEALING WITH DIFFICULT TEAM MEMBERS AND TEAM CONFLICT, HOW TO COLLABORATE WITH DIFFERENT STAKEHOLDERS IN THE FIELD, REPORTING REQUIREMENTS, ETC.
4. WHAT ASPECTS OF THE TRAINING SHOULD BE MANDATORY?
 - THIS WILL BE COUNTRY DEPENDENT BUT SHOULD INCLUDE SOME ONBOARDING COMPONENT (INCLUDING RRT REQUIREMENTS/PROCESSES).
5. ★HOW WILL THE TRAINING BE FINANCED CONSIDERING RRT MEMBER SALARY COVERAGE, FACILITATOR SALARIES, VENUE COST, ETC.?
 - TRAINING SHOULD BE INCLUDED IN THE RRT MANAGEMENT BUDGET
 - IF THERE ARE LIMITED FUNDS, CAN PRIORITIZE TRAININGS
 - THIS WILL BE COUNTRY DEPENDENT, BUT RRT REQUIREMENTS/PROCESSES SHOULD BE COVERED
6. WHERE WILL YOU GET THE CONTENT FOR THE TRAINING? ARE THERE PRE-EXISTING INTERNAL TRAININGS YOU CAN USE? EXTERNAL TRAININGS THAT YOU CAN USE?
 - If using pre-existing/external trainings
 - How will the content be adapted for the RRT?
 - Which organizations would you ask for content?
 - Would they be willing to share the materials for the RRT training?
 - Would they be able to co-facilitate?

<p>Preparedness phase</p> <p>Orientation/Onboarding</p> <p>Continuing Education</p> <p>Simulation/Exercises</p> <p>Tailor Training to Address Challenges/Gaps</p> <p>PUBLIC HEALTH EMERGENCY</p> <p>Execute Mission ← Just In Time Training ← Pre-Deployment Brief</p> <p>Response phase</p>	
<p>7. WHEN SHOULD THE RRT BE TRAINED CONSIDERING THE NON-EMERGENCY AND EMERGENCY PHASES? HOW OFTEN SHOULD THEY BE TRAINED?</p> <ul style="list-style-type: none"> • CONSIDER: PEACETIME, PRE-DEPLOYMENT, JUST-IN-TIME, MAYBE EVEN ON RETURN IF A MAJOR ISSUE OCCURRED IN THE FIELD • CONSIDER STANDARDIZING A PEACETIME CURRICULUM: ONBOARDING, CONTINUATION TRAINING, INFORMATION/CONTEXT SPECIFIC TRAINING, ETC. <p>8. WHO WILL ORGANIZE AND FACILITATE THE TRAINING?</p> <ul style="list-style-type: none"> • CONSIDER BRINGING IN SUBJECT MATTER EXPERTS FROM DIFFERENT MINISTERIAL OFFICES TO COVER ROLE SPECIFIC TRAINING • CONSIDER TRAINING OF TRAINERS (TOT) MODEL FOR CASCADING TRAINING BEYOND NATIONAL LEVEL 	
<p>Appendices & Action Items</p>	
<p><i>Any external documents, templates, contact lists, etc. needed to complete SOP.</i></p>	
<p>Action Items Post-RRT Management Workshop:</p>	
<p><i>Next steps and POCs to complete SOP.</i></p>	

Important note:

The questions used above are prompts from the facilitator to help participants think about what should be in the SOP. THEY ARE NOT SUPPOSED TO BE ANSWERED AS THE SOP.

Annex 8: SOP 4- Activation and pre-deployment

Introduction Who, What, Where, When, Why, How	
Purpose	<i>What is the reason for doing this activity/procedure?</i>
Scope	<i>Who does this SOP apply to?</i>
Key Stakeholders	<i>What key stakeholders need to be consulted to create this SOP? What are their main responsibilities in this activity?</i>
Procedure	
<p><i>What are the step-by-step actions to be completed? By whom and when?</i></p> <p><u>RRT Activation</u></p> <p>Activation Criteria</p> <p>1. ★ WHAT DECISION-MAKING CRITERIA (FACTORS OR DATA) SHOULD BE CONSIDERED IN THE DECISION TO ACTIVATE THE RRT?</p> <p>THINGS TO CONSIDER</p> <ul style="list-style-type: none"> • <i>International / National / subnational requests</i> • <i>Official request process to activate RRT (could include a flow diagram)</i> • <i>Process for verification of an alert</i> • <i>Criteria for activation for specific diseases (thresholds)</i> • <i>Criteria for approval, criteria for declining activation:</i> • <i>Severity of disease/public health impact (e.g., is it an IHR notifiable disease? How many deaths/severe cases/hospitalizations?)</i> • <i>Size of outbreak (how many cases? Is the number of cases increasing?)</i> <ul style="list-style-type: none"> • <i>Risk of transmission, particularly to vulnerable populations and across borders</i> • <i>Location or geography (are all cases within a small geographic area? Is the location accessible?)</i> • <i>Local capacity to respond (do they need help?)</i> • <i>National capacity to respond (does the RRT have the capacity/appropriately trained personnel to help?)</i> • <i>Funds (does the RRT have funds to mobilize?)</i> • <i>Media attention/public concern and political will</i> <ul style="list-style-type: none"> • <i>Leadership decisions (if the Director wants RRT activation, all other criteria may not matter)</i> • <i>The above criteria assume jurisdiction lies with the local level and the RRT must be requested to assist before activating. If jurisdiction is at the national or central level, consider whether a request was received or not, whether local officials want support from the RRT, etc.</i> • <i>Would it be different if it were an EOC-activated response vs. not an EOC-activated response?</i> <p>2. WHO IS RESPONSIBLE AND HAS THE AUTHORITY TO ACTIVATE THE RRT?</p>	

THINGS TO CONSIDER

- *International / National / subnational requests*
- *Decision making when EOC activated*
- *Decision making when EOC not activated*
- High-level decision-maker/leader for emergency response or disease control. E.g., Incident Manager, Director of Disease Control equivalent

3. WHAT PROCEDURES CAN BE PUT IN PLACE TO EXPEDITE THE DECISION?

THINGS TO CONSIDER

- *Pre-approvals, delegation of decision-making responsibility in the absence of the primary decision maker*
- Should be fairly quick timeline from request to decision as RRT members often have other activities that need to be completed before they are mobilized

RRT Composition for Deployment

4. HOW SHOULD THE RRT COMPOSITION (WHAT ROLES) AND STRUCTURE BE DECIDED?

THINGS TO CONSIDER

Criteria for selection of RRT members for a specific response [type of response, local capacity to respond, skill sets needed, meets pre-deployment criteria...]

- a. SINGLE DISCIPLINE (THE SAME SIZE TEAM REGARDLESS OF EMERGENCY AND ALL RRT MEMBERS ARE IN THE SAME ROLE)
 - Easy to select RRT members to mobilize before an emergency occurs
 - Requires sufficient amount of work for that specific discipline to keep all RRT members busy
 - Little variation in expertise to address other response needs (e.g., team of Epis may not be able to address laboratory protocols)
 - May work well when there is great need for a specific set of skills
- b. MULTI-DISCIPLINE (THE SAME SIZE TEAM REGARDLESS OF EMERGENCY AND THE RRT MEMBERS ARE IN DIFFERENT ROLES)
 - Fairly easy to select RRT members to mobilize before an emergency occurs IF the disciplines to include for mobilization are determined in advance
 - Requires sufficient amount of work across disciplines to keep all RRT members busy. E.g., if no laboratory needs in the field, sending a laboratorian may waste resources
 - May work well when the response needs are unknown or changing. Allows multiple skills to be available in the field and assess response needs
- c. ONE PERSON IS DEPLOYED VS. A TEAM IS DEPLOYED
 - The recommended RRT composition and structure depends on the situation. The RRT structure can (and should) change as the emergency progresses and multiple structures can be used. Consider beginning a response with a non-tailored structure and shifting to a tailored structure as more is learned about the response needs.
 - Another approach is to begin the response with a non-tailored, multidisciplinary structure when the situation in the field and the response needs are not yet clear. Once the situation is clear, a tailored structure can be used.
 - Non-tailored structure may be best for initial response if little information is known about the local capacity to respond
 - Tailored structure may be best later in a response, after the response needs are clear.

5. WHO WILL DECIDE THE RRT DEPLOYMENT SELECTION?

- Consider RRT management, response leadership, appointed person in the emergency

- coordination unit
- Consider the process for making this decision and how it will be executed

6. WHAT FACTORS WILL BE CONSIDERED IN RRT DEPLOYMENT SELECTION?

7. WHAT CRITERIA WILL BE USED IN DECIDING TO DEPLOY SUPPORT STAFF WITH THE RRT (I.E. SAFETY/SECURITY OFFICERS, LOGISTICIANS, ETC.)?

- FOR SECURITY CONSIDER IN SITUATIONS WHERE THERE ARE SECURITY CONCERNS DURING THE PUBLIC HEALTH RESPONSE
- FOR LOGISTICS CONSIDER INCLUSION WHEN THE DEPLOYED RRT IS LARGE AND/OR COVERS A LARGE GEOGRAPHIC AREA

8. WHO/WHAT WILL DECIDE THIS AND HOW?

THINGS TO CONSIDER

- International / National / subnational requests*
- Decision making process for RRT team composition*

Pre-Deployment

Processes

9. WHAT PRE-DEPLOYMENT PROCESSES ARE NEEDED TO MOBILIZE RRT MEMBERS?

- Pre-deployment readiness of the team*
- Supervisor approval, medical clearance, vaccinations up to date
- Required trainings: technical, safety and security, etc.
- Pre-deployment brief and just-in-time training: attendance
 - Identification documents, e.g. national identification card, passport
- Financial support for deployment*
- Per diem and funds to pay for supplies in the field
- Requesting and receiving advance or reimbursement
- Logistical support for deployment*
 - Equipment and supplies: requesting needed equipment and supplies for response
 - Travel: arranging logistics to travel to the field (e.g., vehicles or transportation arrangements, lodging,)
 - Access to food and safe water
- Administrative paperwork: any official forms required to travel*
- Additional processes that should be done before an emergency occurs*

10. ★ WHAT INFORMATION SHOULD BE PROVIDED TO RRT MEMBERS BEFORE THEY ARE MOBILIZED?

THINGS TO CONSIDER

- Who is responsible for providing the pre-deployment briefing*
- When and where does the pre-deployment briefing occur*
- Who should be part of the pre-deployment briefing*
- Pre-Deployment Briefing – meeting during which situational awareness information is given to RRT members before they go to the field*
- Consider including the following:
 - Context
 - Latest surveillance data and/or situation report
 - Handover notes or trip reports from returning responders
 - Clear, well-defined objectives for response activities
 - Reporting mechanisms, format, and frequency

- Indicators/metrics
- Current safety and security situation, including emergency evacuation plans.
- Key stakeholders, checklist of key contacts
- Communication plan during deployment
- Logistics and admin briefing

11. WHAT DISEASE-SPECIFIC TRAINING IS NEEDED FOR THE TOP PRIORITY DISEASES?

THINGS TO CONSIDER

- Just-in-Time Training – technical training specific for the emergency (e.g., cholera-focused training); role-specific training should be considered if appropriate (e.g., special training for laboratorians)
- Disease-specific trainings often already exist (see training resource list) and can be used. Note that if trainings do not yet exist, they can often be anticipated if common occurrence and created before an emergency and kept in a training repository for the RRT.
- Who is responsible for coordinating the just-in-time training? When and where to be conducted? Who should conduct the training?
- Content of the just-in-time training:
 - National guidelines/protocols
 - Disease/technical specific info and epidemiologic characteristics
 - Data collection forms/tools
 - Case investigation forms
 - Test kits, sample collection, packaging & transportation
 - Reporting mechanisms
 - Donning, and doffing of PPE
 - Other relevant training to function effectively

12. WHAT EXISTING MATERIALS CAN BE USED TO DEVELOP THE JUST-IN-TIME TRAINING? WHAT TRAININGS EXIST (INCLUDING PARTNER ORGANIZATIONS)?

THINGS TO CONSIDER

Suggest creating a table of existing training materials, guidelines, relevance for specific responses, how to access the resources.

13. WHAT EQUIPMENT AND SUPPLIES DO THE RRT NEED TO HAVE ON HAND? HOW WILL THIS BE MANAGED?

THINGS TO CONSIDER

Emergency kits with critical items [person/s responsible for maintaining kits, management of kits pre and post deployment]

Checklists for specific responses [location of these, person/s responsible for checking off the list/s]

Process for procurement of additional items needed for specific response [person/s responsible, pre-approvals.

Appendices & Action Items

Any external documents, templates, contact lists, etc. needed to complete SOP.

Action Items Post RRT MGMT Workshop:

Next steps and POCs to complete SOP.

Important note:

The questions used above are prompts from the facilitator to help participants think about what should be in the SOP. THEY ARE NOT SUPPOSED TO BE ANSWERED AS THE SOP.

Annex 9: SOP 5- Deployment

Introduction Who, What, Where, When, Why, How	
Purpose	<i>What is the reason for doing this activity/procedure?</i>
Scope	<i>Who does this SOP apply to?</i>
Key Stakeholders	<i>What key stakeholders need to be consulted to create this SOP? What are their main responsibilities in this activity?</i>
Procedure	
<p><i>What are the step-by-step actions to be completed? By whom and when?</i></p> <p>Coordination</p> <ol style="list-style-type: none"> 1. WHEN RRT MEMBERS ARRIVE, WHO LEADS RESPONSE ACTIVITIES IN THE FIELD? I.E. WHO HAS JURISDICTION? <ul style="list-style-type: none"> • Public health laws will guide jurisdictional issues (I believe this is discussed regularly during the PHEM training program) • Are arriving RRT members taking the lead in the response? Discuss advantages and potential challenges. • Non-local RRT members could potentially have more expertise, training, or experience but not know the local context and local partners. May introduce resentment by others (e.g., for local officials). • Do arriving RRT members take a supportive role in the response, e.g., integrate themselves into existing local response? Discuss advantages and potential challenges. • Requires more diplomatic approach by RRT members, especially if response leadership is unwilling to accept but needs guidance 2. WHAT COORDINATION ACTIVITIES SHOULD TAKE PLACE IF THE EMERGENCY CROSSES OR NEAR THE NATIONAL BORDER? <ul style="list-style-type: none"> • What are the procedures for notifying Border Health authorities and Ministries in other countries? • Do RRT members know these procedures? Is it the responsibility of the RRT or EOC? 3. WHAT INFORMATION SHOULD/CAN BE SHARED OUTSIDE THE RRT AND EMERGENCY COORDINATION UNIT? <ul style="list-style-type: none"> • WHO HAS THE AUTHORITY TO MAKE DECISIONS ON INFORMATION SHARING? • ARE THERE ETHICAL CONSIDERATIONS REGARDING INTERNATIONAL DATA SHARING? • Common information to share: epidemiological data, strategy, and status of response activities, supplies and equipment (stock and need) <ul style="list-style-type: none"> ◦ Identification of any data sensitivities and implementation of potential methods to address them are needed as soon as possible to avoid hindering response efforts • Involve them early to address data sensitivities 4. WHAT FIELD COORDINATION MEETINGS SHOULD THE RRT MEMBERS ATTEND? <ul style="list-style-type: none"> • Are there typical meetings held during emergencies, such as daily updates for the Incident 	

Manager or Health Cluster meetings

- May not be able to determine which meetings are appropriate until the emergency as they may vary with the status of the emergency

5. ★ WHO ARE THE KEY PARTNERS AND STAKEHOLDERS?

- Create a contact list of key partners and stakeholders
- Consider local, subnational, national, and international partners
- Include partners outside the country, such as a reference laboratory

Reporting

6. ★ HOW OFTEN AND WHAT FORMAT SHOULD THE RRT MEMBERS REPORT TO THE RRT TEAM LEAD? FROM THE RRT TEAM LEAD TO THE RRT MANAGER (OR EQUIVALENT AT HEADQUARTERS)?

- HOW CAN THE REPORTING FORMAT ADDRESS THE BALANCE BETWEEN TIME SPENT DEVELOPING REPORTS AND TIME SPENT DOING OTHER RESPONSE ACTIVITIES?
- Can vary from multiple times per day to once per week or less; depends on the situation and the communication and coordination needs for the response
- Discuss the balance between time spent developing reports (compiling data, writing summaries, etc.) and time spent doing other response activities (case investigations, IPC evaluations of healthcare facilities, data analysis, etc.)
- How can the format of the reporting address this balance? What are the advantages and disadvantages of different reporting formats? E.g.:
 - Text messaging (SMS) very brief bulleted updates: takes little time for responders; however, limits the amount of information sent to EOC/RRT Manager
 - Situation reports or other comprehensive reports: may take a great amount of time from response work (depends on the RRT responsibilities and amount of information they must compile), but provides EOC/RRT Manager with much more information

7. WHAT CRITICAL INFORMATION WOULD YOU REQUEST OF RRTs REGARDLESS OF THE DISEASE PROCESS?

8. WHO IS RESPONSIBLE FOR COMPILING THE DATA AND WRITING THE REPORT?

- What information is the RRT responsible for collecting and/or compiling?
- Consider different roles on the team (e.g., Data Manager, Epidemiologist, etc.)
- What can be done in the EOC or headquarters?
- Can lessen the burden on the RRT by using staff not in the field

9. HOW WILL URGENT REQUESTS FOR DATA BE HANDLED? HOW WILL THE RESPONSIBILITIES BE DISTRIBUTED AMONG RRT MEMBERS AND STAFF IN THE EMERGENCY COORDINATION UNIT?

- E.g., requests from the incident manager, from the minister, from the president or prime minister?
- Who receives the request and informs the RRT?
- Who can check if the information already exists?
- Discuss consequences of the RRT having to halt response work to address these requests
- Discuss whether push-back (i.e., declining or delaying the request) is an option, especially if the request does not appear to be an emergency
- What information is the RRT responsible for collecting and/or compiling?
- Consider different roles on the team
- What can be done in the EOC or headquarters?
- Can lessen the burden on the RRT by using staff not in the field

Logistics

11. HOW ARE TEAM DYNAMIC ISSUES ADDRESSED FROM HEADQUARTERS?
12. ★ HOW WILL SAFETY AND SECURITY FOR THE RRT BE PROVIDED, TRACKED, AND ENSURED WHILE DEPLOYED?
13. IF TRAVEL PLANS CHANGE WHILE IN THE FIELD, WHO IS RESPONSIBLE TO MAKE NEW ARRANGEMENTS? HOW IS IT FACILITATED?

RRT Evolution & Demobilization

Team Evolution

14. HOW WILL THE LENGTHS OF DEPLOYMENTS BE DETERMINED?
 - CONSIDER THE FINANCIAL AND EQUIPMENT RESOURCES NEEDED
 - CONSIDER THE MENTAL HEALTH AND WELLBEING OF THE RESPONDERS
 - CONSIDER THE POSITIVES/NEGATIVES OF STAFF TURNOVER IN THE FIELD
15. ★ WHAT CRITERIA SHOULD BE USED TO SEND AN RRT MEMBER HOME/DEMOBILIZE THE INDIVIDUAL?
 - Use monitoring data from the field to determine when changes to the RRT composition are needed
 - Consider whether any of the activation criteria can be used
 - Length of time in the field: What is a reasonable length of time?
 - Funds: Are there sufficient funds to pay for the mobilization?
 - Need for the RRT member's skills: Is there enough work/need to keep the RRT member busy?
 - Effectiveness: How productive is the RRT member?
 - Conduct: Are there any behavioral or ethical concerns with the RRT member?
 - *Complementary consideration*: what criteria should be used to mobilize additional RRT members?
16. WHO AUTHORIZES THEIR DEMOBILIZATION?
 - Who has the authority to determine when an RRT member home? RRT Team Leader, RRT Manager
 - Who has the authority to send an RRT member home for behavioral or ethical issues?
17. WHAT DOES EACH RRT MEMBER NEED TO DO BEFORE LEAVING THE FIELD IF...
 - A. ANOTHER RRT MEMBER WILL REPLACE THEM IN THE FIELD?
 - Introduce the arriving RRT member to key partners
 - Wrap up tasks that do not need to be transitioned to the arriving RRT member
 - Inform the arriving RRT member on the current status, next steps, challenges of tasks that will be transitioned to the arriving RRT member (i.e., tasks that will be the responsibility of the arriving RRT member). See Handoff section below
 - Exit meetings and/or presentation with key stakeholders and local leaders
 - Etc.
 - B. THERE IS NO REPLACEMENT?
 - Wrap up tasks that do not need to be transitioned to local officials
 - Inform local officials on the current status, next steps, challenges of tasks that will be transitioned to the arriving RRT member (i.e., tasks that will be the responsibility of the arriving RRT member)
 - Conduct trainings with local officials in preparation of transitioning tasks
 - Exit meetings and/or presentation with key stakeholders and local leaders
 - Etc.

Handoff and Transfer of Information

18. WHAT IS THE RRT HANDOFF PROCESS?
 - In-person handoff allows time for the arriving RRT member to work with, observe/follow,

<p>and ask questions of the departing RRT member. Ideal format; however, this can be expensive</p> <ul style="list-style-type: none"> • Teleconference or videoconference to allow discussion and questions • Written documents and/or handoff reports minimize communication between departing and arriving RRT members • Can use email for some exchange between departing and arriving RRT members, such as for questions to clarify or expand on the written information • Who is responsible for planning and setting up logistics (if any) for the handoff? • What logistics are needed 	
<p>19. ★WHAT INFORMATION NEEDS TO BE PASSED FROM DEMOBILIZING RRT MEMBERS TO ARRIVING RRT MEMBERS?</p> <ul style="list-style-type: none"> • Current status of the response, RRT activities, and specific tasks • Next steps and plans for the response, RRT activities, and specific tasks • Challenges anticipated and/or experienced, potential solutions (if known) • Key partners and contact information 	
<p>20. WHO IS RESPONSIBLE FOR THE PLANNING AND LOGISTICS FOR THE HANDOFF?</p>	
<p>Demobilization/End of Mission</p>	
<p>21. WHAT CRITERIA SHOULD BE USED TO DEMOBILIZE THE RRT AND END THE MISSION?</p> <ul style="list-style-type: none"> • Consider the activation criteria as a decision tool. E.g., demobilize when the emergency no longer meets activation criteria 	
<p>22. ★WHO AUTHORIZES THE END OF THE MISSION?</p> <ul style="list-style-type: none"> • Likely a high-level decision-maker with the response or from the Ministry • Consider who currently decides when a response is finished • Incident Manager • Director of Disease Control equivalent 	
<p>23. WHAT ADDITIONAL ACTIVITIES MUST BE COMPLETED BEFORE THE RRT DEMOBILIZES?</p> <ul style="list-style-type: none"> • In addition to suggestions for departing RRT members (Team Evolution, Q3), end of mission reports, final exit presentations and meetings with key partners and local leaders 	
<p>Appendices & Action Items</p>	
<p><i>Any external documents, templates, contact lists, etc. needed to complete SOP.</i></p>	
<p>Action Items Post-RRT Management Workshop:</p>	
<p><i>Next steps and POCs to complete SOP.</i></p>	

Important note:

The questions used above are prompts from the facilitator to help participants think about what should be in the SOP. THEY ARE NOT SUPPOSED TO BE ANSWERED AS THE SOP.

Annex 10: SOP 6- Post-Deployment

Introduction	
Who, What, Where, When, Why, How	
Purpose	What is the reason for doing this activity/procedure?

Scope	<i>Who does this SOP apply to?</i>
Key Stakeholders	<i>What key stakeholders need to be consulted to create this SOP? What are their main responsibilities in this activity?</i>
Procedure	
<i>What are the step-by-step actions to be completed? By whom and when?</i>	
<p>Debriefs and After-Action Review</p> <p>1. ★WHAT INFORMATION SHOULD BE COLLECTED DURING THE DEBRIEFS? DURING THE AFTER-ACTION REVIEW?</p> <ul style="list-style-type: none"> What worked well during the response (ask about pre-deployment processes, mobilization, deployment, and demobilization) What did not work well Suggestions for improvements Gaps in training (i.e., what training would have better prepared RRT members for the response) <p>2. WHAT QUESTIONS SHOULD BE ASKED TO ELICIT THE INFORMATION FROM RESPONDERS?</p> <ul style="list-style-type: none"> Will they be standardized? Use open-ended questions to let RRT members talk freely e.g. “What do you think worked well in the field?” Use specific questions for any areas needing special attention or detailed evaluation <ul style="list-style-type: none"> e.g., “How long did it take to request and receive the equipment?” e.g., “Did you feel prepared to conduct the IPC evaluations?” Take care to not influence responses by the wording of the question or the interviewing techniques (such as judging the responses) <p>3. ★HOW WILL SENSITIVE INFORMATION BE HANDLED?</p> <ul style="list-style-type: none"> E.g., poor leadership, management Allow opportunities for RRT members to report sensitive information without fear of retribution Anonymous reporting Reporting to independent, objective person <p>4. WHAT IS THE PROCESS TO SCHEDULE AND ORGANIZE DEBRIEFS FOR RESPONDERS?</p> <ul style="list-style-type: none"> RRT management or staff within EOC schedule time to speak with individual RRT members and/or the returning RRT. Determine if the debrief will be in-person, by telephone, survey form (online, hard, or soft copy) <p>5. ★WHO WILL COMPILE AND ANALYZE DATA FROM DEBRIEFS AND AFTER-ACTION REVIEW?</p> <ul style="list-style-type: none"> Feedback collected during post-deployment debriefs can often be forgotten and the same mistakes made during the next response It is important to ensure these lessons are not lost Start by assigning one person the responsibility of documenting <p>Responder Resources</p> <p>6. ★WHAT MEDICAL AND/OR MENTAL HEALTH RESOURCES ARE AVAILABLE FOR RESPONDERS UPON DEMOBILIZATION?</p> <ul style="list-style-type: none"> Countries may or may not have resources for returning RRT members. 	

- If medical or mental health services are available, RRT members should be aware of how to access those services.

7. WHAT ADMINISTRATIVE SUPPORT CAN BE OFFERED TO RESPONDERS RETURNING (E.G. REST DAYS)?
CONSIDER: APPROVED DAYS OFF TO READJUST, CHANGES IN WORKLOAD, ETC.

Appendices & Action Items

Any external documents, templates, contact lists, etc. needed to complete SOP.

Action Items Post-RRT Management Workshop:

Next steps and POCs to complete SOP.

Important note:

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Annex 11: RRT Programme workplan template

See the Excel file:

RRT_MW_annex 11_RRT_programme_workplan_template_V1_Aug_2024_en

Annex 12: Template of budgetary plan

See the Excel file: RRT_MW_annex_12_RRT_programme_budgetary_plan_template_V1_Aug_2024

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