APPENDIX M

MEDICAL MISSION RECONNAISSANCE CHECKLIST

M-1. General

a. The individual medical mission under a humanitarian assistance program requires comprehensive planning and prior coordination to ensure success. This appendix provides a sample checklist for completing a reconnaissance of the mission area prior to deployment of a medical team.

b. The terminology used to describe the different levels of the health care delivery system and its health care professionals in a particular country may vary from that provided in this checklist. This sample checklist, therefore, should be modified to conform to the health care delivery system in the AO.

M-2. Sample Medical Mission Reconnaissance Checklist

The sample medical mission reconnaissance checklist is provided in Figure M-1.

NAME OF VILLAGE ____________________________
GRID _________________________________________
SHEET # ______________________________________

A. RESOURCES AVAILABLE IN VILLAGE AND SURROUNDING VICINITY.

1) COMMUNICATIONS MEANS, ACCESSIBILITY, AND EMERGENCY SERVICES.
   A) COMMUNICATIONS MEANS: TELEPHONE ________ TELEGRAPH _______ OTHER __________________
   B) TYPE OF ROAD NETWORK: PAVED _______________ DIRT _______________ PATH ____________________
   C) FIRE/SEARCH AND RESCUE SERVICES (LOCATION): _______________________________________________
   D) POLICE: ____________________________________ MILITIA: __________________________________________

2) HEALTH WORKERS.
   A) *HEALTH GUARDIAN: __________________________________________________________________________
   B) *MIDWIFE: ______________________________________________________________________________________
   C) *HEALTH REPRESENTATIVE: _______________________________________________________________________

3) OTHER PERSONNEL AVAILABLE.
   A) SCHOOL TEACHER: ______________________________________________________________________________
   B) VILLAGE LEADER: ________________________________________________________________________________
   C) OTHERS: _______________________________________________________________________________________
       __________________________________________________________________________________________________

4) *NEAREST MEDICAL CLINIC.
   A) DISTANCE: ______________________________________________________________________________________
   B) TRANSPORTATION AVAILABLE: _____________________________________________________________________
   C) NUMBER AND TYPE OF STAFF (TO INCLUDE SPECIALTIES): _____________________________________________
      (1) *NAME OF THE HEAD NURSE: ______________________________________________________________
      (2) *NAME OF THE HEALTH PROMOTER: _________________________________________________________
      (3) OTHERS: ___________________________________________________________________________________
          ____________________________________________________________________________________________

*TERMS FOR THESE INDIVIDUALS OR ORGANIZATIONS MAY VARY BETWEEN HEALTH CARE DELIVERY SYSTEMS.

Figure M-1. Sample medical mission reconnaissance checklist.
5) NEAREST DISTRICT OR REGIONAL MEDICAL CLINIC.
   A) DISTANCE: _____________________________________________
   B) TRANSPORTATION AVAILABLE: _______________________________
   C) NUMBER AND TYPE OF STAFF:
      (1) NAME OF THE PHYSICIAN (SOCIAL SERVICE): ______________
      (2) OTHERS: ______________________________________________

6) NEAREST HOSPITAL (PUBLIC AND PRIVATE) AND TYPE OF HOSPITAL.
   A) AREA HOSPITAL: ______________________________ DISTANCE: ___________
   B) REGIONAL HOSPITAL: ________________ DISTANCE: ___________
   C) NATIONAL HOSPITAL: ________________ DISTANCE: ___________

7) PRIVATE PHYSICIANS.
   A) NAME: _________________________________________________
   B) ADDRESS: ______________________________________________
   C) SPECIALTY: ____________________________________________

8) ESSENTIAL DRUG LISTING (MEDICATIONS USED ON HUMANITARIAN ASSISTANCE MISSIONS
   SHOULD BE CONSISTENT WITH LOCAL PRODUCTS AND AVAILABILITY).
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

9) MEDICAL LOGISTICS AVAILABILITY (MATERIEL, SERVICES, AND REPAIR CAPABILITY).
   ___________________________________________________________________
   ___________________________________________________________________
   ___________________________________________________________________

B. HEALTH INFORMATION.

1) SIZE OF POPULATION.
   A) ADULTS: _________________________________________________
   B) CHILDREN: _____________________________________________
   C) INFANTS: ______________________________________________

2) HOUSING AND ACCESSIBILITY OF HYGIENE AND SANITATION MEASURES.
   A) NUMBER OF HOUSES AND TYPICAL TYPE OF CONSTRUCTION TO INCLUDE HEATING: ______
   B) LATRINES: ______________________________________________
   C) WATER PUMP: ____________________________________________
   D) WATER SOURCE AND HOW USED (BATHING, LAUNDRY, AND COOKING): ________________

3) ENDEMIC DISEASES.
   A) _____________________________________________________________________________
   B) _____________________________________________________________________________
   C) _____________________________________________________________________________
   D) _____________________________________________________________________________
   E) _____________________________________________________________________________
   F) _____________________________________________________________________________

Figure M-1. Sample medical mission reconnaissance checklist (continued).
4) FIVE LEADING CAUSES OF DEATH.
   A) ADULTS: __________________________________________________________
   B) CHILDREN: ______________________________________________________
   C) INFANTS: ________________________________________________________

5) VETERINARY INFORMATION.
   A) NUMBER OF:
      (1) CATTLE: ______________________________________________________
      (2) HORSES/MULES: ______________________________________________
      (3) GOATS: ______________________________________________________
      (4) PIGS: _______________________________________________________
      (5) DOGS/CATS: _________________________________________________
   B) NUMBER OF ANIMALS WHICH DIED IN THE LAST 3 MONTHS: ____________
   C) CAUSES OR REASONS OF DEATHS: _________________________________

6) DENTAL CARE INFORMATION.
   A) GENERAL LEVEL OF ORAL HEALTH: ________________________________
   B) ENDEMIC ORAL DISEASES: _______________________________________
   C) AVAILABILITY OF DENTAL CARE: _________________________________
   D) *NAMES OF DENTAL CARE PROVIDERS: ____________________________

7) GENERAL LIVING CONDITIONS.
   A) CLOTHES: ___________ SHOES: ___________ BAREFOOT: _________
   B) HOUSING: ____________________________________________________
   C) ELECTRICITY: _________________________________________________
   D) NUMBER OF FAMILY RADIOS/TELEVISIONS: ________________________
   E) STORES: _____________________________________________________
   F) CROPS: ______________________________________________________
   G) MAIN FOOD SOURCES: _________________________________________
   H) MAIN SOURCES OF INCOME: ___________ AVERAGE FAMILY INCOME: __
   I) AVAILABILITY OF REFRIGERATION: _______________________________

8) TYPE OF HEALTH CARE TO BE GIVEN: ________________________________

9) ESTIMATION ON RELIABILITY OF INFORMATION: ______________________

C. TRANSPORTATION INFORMATION.

1) AIR.
   A) PILOTS WHO FLEW ASSESSMENT TEAMS: ____________________________
   B) ADEQUATE LANDING ZONE FOR:
      (1) UH-1: ______________________________________________________
      (2) UH-60: ______________________________________________________
      (3) CH-47: _____________________________________________________
      (4) OTHERS: ___________________________________________________
   C) TRAVEL TIME: _________________________________________________

2) GROUND.
   A) TYPE OF VEHICLE: ______________________________________________
   B) TRAVEL TIME: _________________________________________________

Figure M-1. Sample medical mission reconnaissance checklist (continued).
C) SPECIAL REQUIREMENTS (SUCH AS SNOW CHAINS): ________________________________  
D) OTHERS: _____________________________________________________________________  

D. SECURITY INFORMATION.  
1) THREAT: ____________________________________________________________________  
2) HOST NATION AND US SECURITY FORCES IN THE AREA: ___________________________  
3) AGENCY RESPONSIBLE FOR PROVIDING SECURITY AND CROWD CONTROL:  
_____________________________________________________________________________  

E. DIAGRAM OF MISSION AREA.  
1) DRAW DIAGRAM (PLACE ON BACK OF SHEET). INCLUDE INFORMATION ON VILLAGE OR TOWN,  
STREAM FLOW, CATTLE CHUTES, CORRALS, AND CEMETERIES.  
2) EXPLAIN ON-SITE TRIAGE: ___________________________________________________________________  
3) EXPLAIN PATIENT FLOW: _____________________________________________________________________  
4) OTHERS/REMARKS:  
_____________________________________________________________________________  

F. ITEMS REQUIRED TO SUPPORT MISSION:  
_____________________________________________________________________________  
_____________________________________________________________________________  
_____________________________________________________________________________  

G. PHOTOGRAPHS OF SIGNIFICANT FEATURES AND PEOPLE: (ATTACH TO REPORT)  
H. ASSESSMENT MADE BY:  
1) OIC/NCOIC: _________________________________________________________________________  
2) PHYSICIAN/NURSE: _____________________________________________________________________  
3) OTHERS: ___________________________________________________________________________  

I. EXPECTED DATE OF MISSION:  
_____________________________________________________________________________  

Figure M-1. Sample medical mission reconnaissance checklist (continued).