

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).