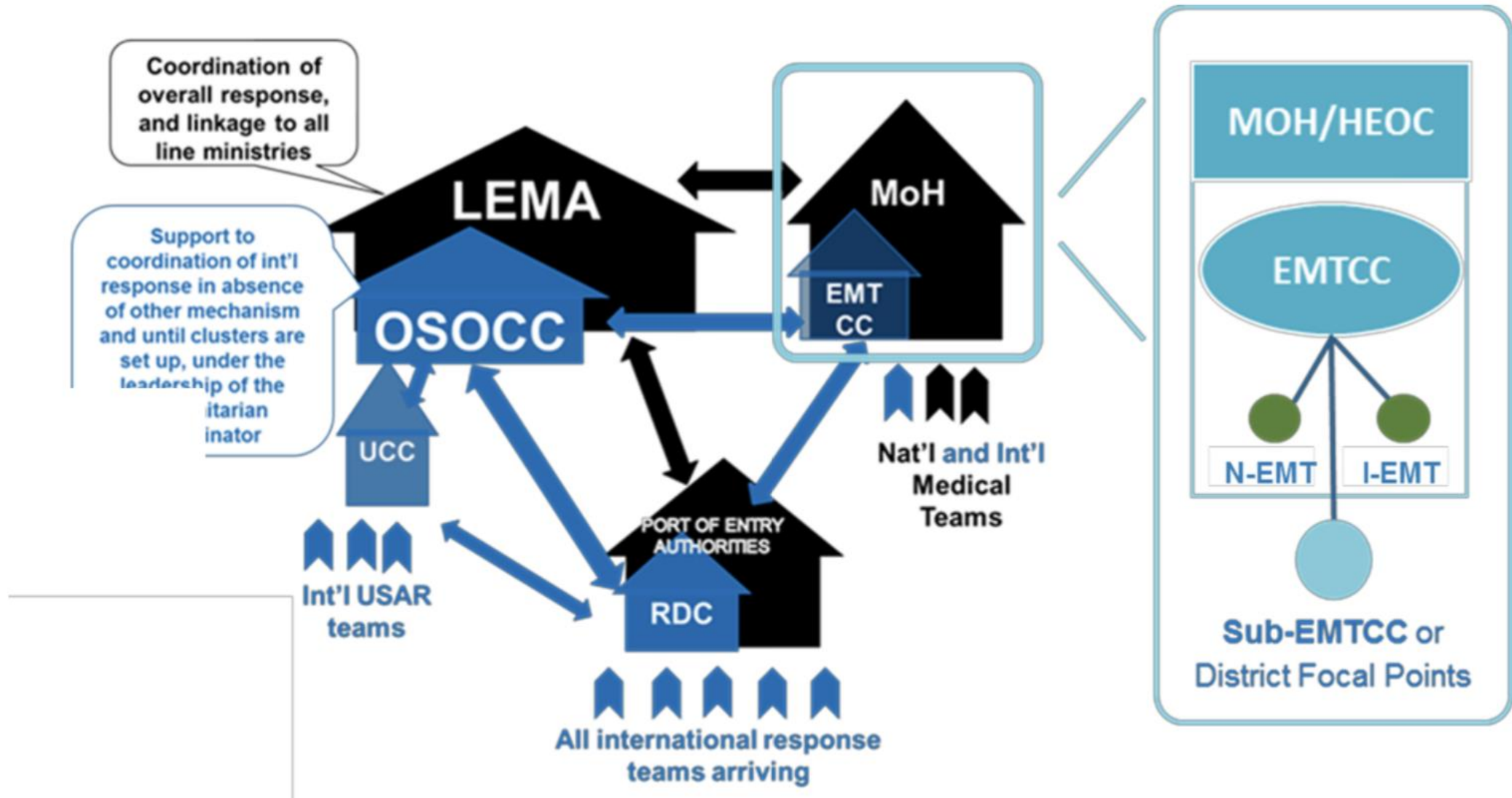
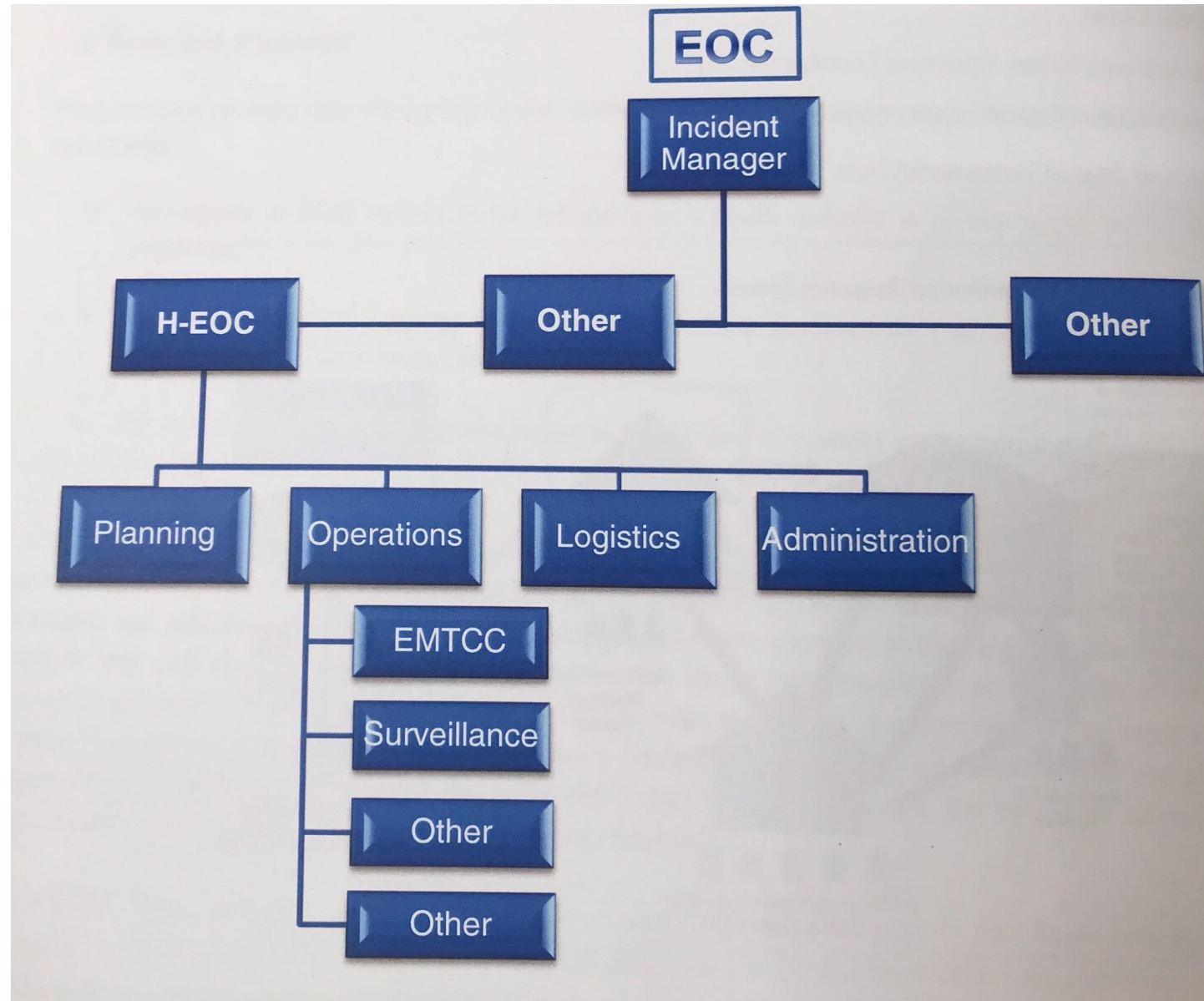


หน่วยประสานทีมปฏิบัติการทางการแพทย์
ในภาวะภัยพิบัติ

Emergency Medical Team
Coordination Cell

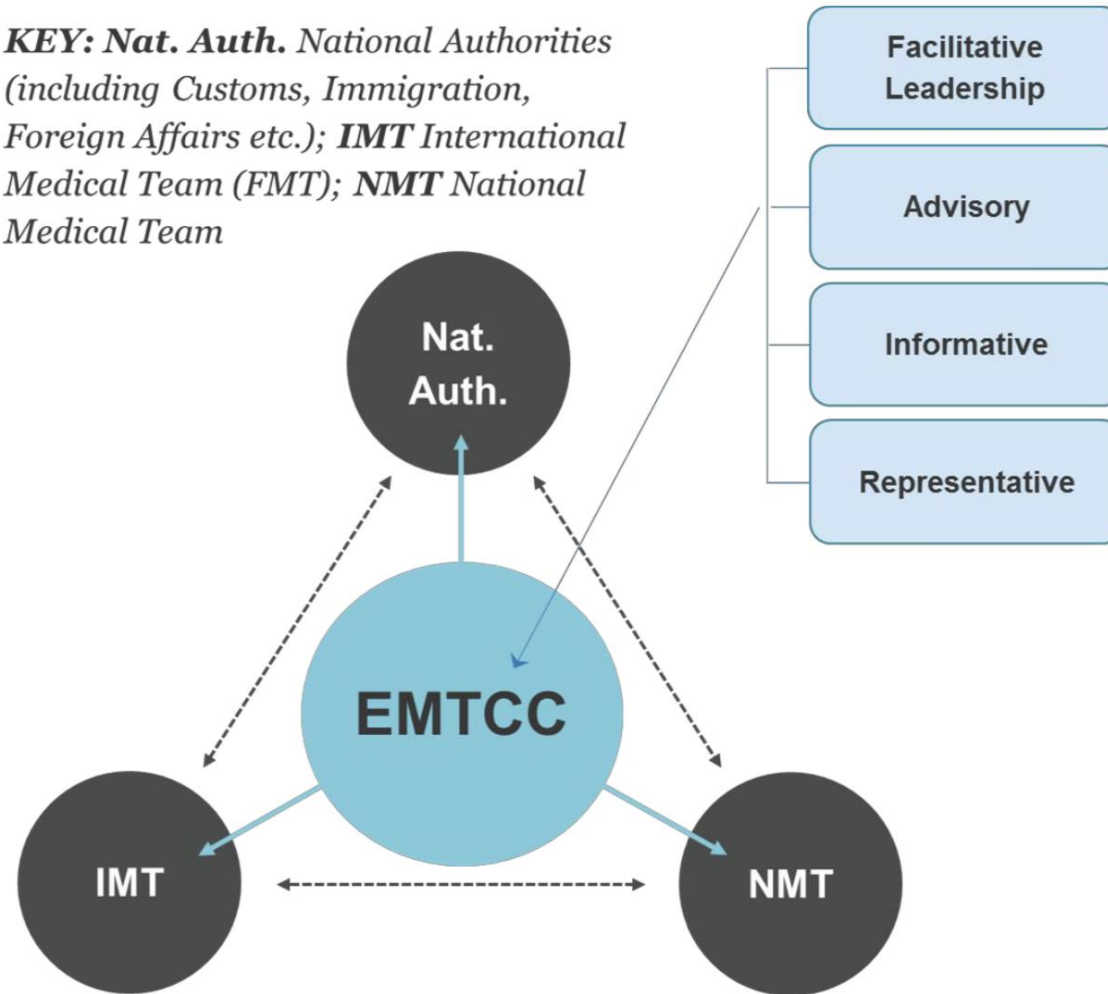
Figure 2. EMTCC within the Humanitarian Response System





Partnership and Roles of EMTCC

KEY: Nat. Auth. National Authorities (including Customs, Immigration, Foreign Affairs etc.); **IMT** International Medical Team (FMT); **NMT** National Medical Team



	CRITICAL TASKS / ACTIVITIES	✓
	Alert phase	
1.	Communications with MOH (activation of HEOC) and WCO established	
2.	Decision on activation of the EMTCC	
3.	N-EMTs pre-alerted	
4.	Revise/establish OPS support mechanism for EMTs	
5.	I- EMTs informed about the monitoring of the situation	
6.	Discard or Activate response (communication to EMTs)	

Checklist 1. Operationalization Checklist

**Timeframes are relative to time of Emergency Event Onset, unless otherwise specified*

Pre-Arrival	CRITICAL TASKS / ACTIVITIES	✓
		Onset to 12 Hours
1.	Communications with MOH and WCO established	
2.	Decision on activation of the EMTCC	
3.	Informational Invitation Letter to all EMTs sent	
4.	Online Registrations activated	
5.	Available Country SOPs shared or posted in the website	
6.	CC team members contact for availability	
	12 to 36 Hours	
7.	Coordination Cell and RDC Team Members identified	
8.	Coordination Cell and RDC Team Co-lead deployed	

Arrival

	36 to 48 Hours (IN-COUNTRY Day 1)	
9.	Decision on RDC establishment	
10.	Initial access and coordination meeting with MOH	
11.	MOH Coordinator appointed	
12.	EMT Arrival and Registration process confirmed	
13.	EMT CC established	
	48 to 60 Hours	
14.	EMT Registration Database fully operational	
15.	Coordination Office and Contact Centre established	
16.	First list of all in-country EMTs generated	
17.	Contact List established	
18.	Deployment SOPs and key information sent to all EMTs	
19.	Preliminary needs analysis with EMT matching conducted	
20.	First Situation Report	

Operational

	60 to 72 Hours (IN-COUNTRY Day 2)	
21.	First EMT Coordination meeting	
22.	EMT Tasking fully operational	
23.	Contact Centre staffed to demand and fully operational	
	Days 4 to 5 (IN-COUNTRY Day 3-4)	
24.	Regular EMT reporting established and enforced	
25.	Real-time map of all EMTs and healthcare assets and needs	
26.	Second Situation Report to HQ	
27.	Needs reassessed and further Surge or Stand-Down called	
	Week 1	
28.	Referral system fully established	
29.	First EMT Reporting data analysis conducted and reported	
30.	Departure SOPs sent to all EMTs	
	Weeks 2 to 3	
31.	Compliance of all EMTs with minimum standards verified	

**Transition includes management and coordination of departing EMTs*

Transition	CRITICAL TASKS / ACTIVITIES	✓
	Exit	Onset of EMT Departures or Last 2-4 Weeks
1. Exit Strategy finalized with MOH and initiated		
2. All EMT departure dates collected		
3. Coordinated exit or transition plan for each EMT completed		
4. Departure SOPs re-iterated and enforced		
5. Plan for Coordination Cell Office step down established		
Last 1 Week		
6. Coordination Cell functions transitioned to local MOH		
7. Collection of Exit Reports from FMTs completed		
8. EMTCC Evaluation Survey sent to all EMTs		
9. EMTCC Internal Feedback Survey distributed to all staff		
10. Electronic archiving of all mission documents completed		
11. EMTCC Office closed		
Post-Deployment		
12. EMTCC Final Report completed		
13. Evaluation and Feedback data collected and analysed		
14. Lessons Learned Report generated		