HUMANITARIAN EMERGENCY MEDICAL RESPONSE: EMERGENCY MOBILE MEDICAL TEAM (MMT) OPERATIONAL PLAN

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World Health Organization

HEALTH SECTOR COX'S BAZAR

IOM UN MIGRATION

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Introduction

Cox's Bazar is one of the poorest and most vulnerable districts of Bangladesh; poverty is well above the national average, and the geographic position of the district is prone to a number of natural hazards. Since 2017, Cox's Bazar district has hosted 1,139,433 Rohingya refugees (235,878 families) living in 33 highly congested camps across Ukhiya and Teknaf upazilas [1]. The surrounding host community comprises approximately 544,000 residents, sharing resources and infrastructure with the refugee settlements [7]

In Cox's Bazar, the cyclone and monsoon seasons run throughout the year. The rain begins in May and continues through October, when the risk of floods and landslides is highest. Tropical cyclones strike Bangladesh in two seasons in a year, from March to July and September to November, with wind speeds ranging from 62 kph to well over 118 kph, often causing catastrophic damage and loss of lives. Between 2022 and 2024 the Cox's Bazar district experienced a series of severe storms that underscored this vulnerability. Cyclone Sitrang (October 2022) killed at least 35 people and damaged or destroyed more than 20,000 houses, displacing thousands across coastal Bangladesh, including Cox's Bazar.[2] Cyclone Mocha (May 2023)—one of the strongest in recent years—affected roughly 930,000 Rohingya refugees in Bangladesh, damaging shelters and critical facilities across Ukhiya and Teknaf.[3] Only five months later, Cyclone Hamoon (October 2023) impacted over 470,000 people in Cox's Bazar, including nearly 2,500 Rohingya refugees—about 800 of whom were temporarily displaced—with at least 5 deaths and 85 injuries reported.[4]

In addition to these storm hazards, Rohingya refugees face the constant threat of fires. The extreme density of the mega-camps, the bamboo and tarpaulin construction materials, and communal cooking practices all increase the risk of fires spreading uncontrollably. Notable incidents include the March 2021 fire in three Rohingya camps in Ukhiya that killed 11 refugees, the March 2022 fire in Camp 9 that completely destroyed the camp's health facility, and subsequent fires in Camp 11 (April 2023) and Camp 5 (January 2024).

The primary objective of the humanitarian emergency medical response is to deliver immediate lifesaving health services and facilitate emergency referrals, provide continuation of critical health services for the affected population in emergency situation that result in destruction or closure of static health facilities within their designated catchment areas. Mobile medical teams (MMTs) have an obligation to coordinate with other sectors to promote multi-sector response.

This plan is intended to guide medical response during emergencies and is part of 2025 Health Sector Cyclone and Monsoon Season Contingency Plan for Cox's Bazar (Refugee and Host Community), which is aligned with ISCG multi-sector 72-hour response plan. The plan will be reviewed and updated as required, based on the evolving situation to in-corporate best practices and lesson learned during emergency medical response.

Key Operational Definitions and Rationale

Mobile Medical Teams (MMT)

Operational Definition: A Mobile Medical Team is a stand-alone, rapid-response emergency medical unit—either independent of a fixed health facility or attached to one—that is trained and equipped to deliver immediate, life-saving health services and continuation of essential health services in emergency situations.

Purpose: To provide rapid, life-saving emergency health services and maintain essential health care during emergencies, while ensuring timely emergency referrals to designated medical hubs from the response site in the event of disasters.

Dispatch and Referral Unit (DRU)

Operational Definition: The Dispatch and Referral Unit is a centralized coordination system—managed by IOM in collaboration with the Health Sector—that receives emergency requests, deploys ambulances, and directs patient referrals to the nearest functioning health facility or Medical Hub. It maintains real-time information on live bed capacity and supports communication between field teams and secondary facilities, including during Mass Casualty Incidents (MCI).

Purpose: In large-scale emergencies, efficient ambulance dispatch and patient referral are critical to save lives and prevent congestion at hospitals. The DRU provides a single point of contact to rapidly mobilize transport, allocate patients based on available capacity, and ensure smooth coordination among MMTs, referral hospitals, and other emergency responders.

Medical Hub

Operational Definition: A Medical Hub is a pre-identified, strategically located facility within each catchment area that serves as the primary referral center and incident-command post for emergency health operations. It functions as the central point for patient triage, information management, and coordination between MMTs, DRU, and secondary care facilities during disasters.

Purpose: The Medical Hub serves as the central point of advanced pre-referral care during major emergencies affecting multiple camps or host communities. Its key purposes include:

- Patient Flow & Coordination – Acts as a single, well-equipped destination for Mobile Medical Team (MMT) referrals, ensuring orderly triage, rapid information sharing, and efficient allocation of resources.
- Pre-Referral Medical Support – Provides critical stabilization before patients are transferred to tertiary hospitals. This includes:
    - Primary stabilization: ABCDE management, oxygen therapy, IV access, and monitoring of vital signs.
    - Trauma care: hemorrhage control, fracture immobilization, wound dressing, pain management, and initial resuscitation.
    - Emergency interventions: management of shock, acute medical crises, and life-threatening infections.
- Continuity of Essential Health Services – Maintains basic inpatient and outpatient services for non-critical cases to prevent system overload and ensure uninterrupted essential care.
- Unified Reporting & Decision-Making – Functions as the operational hub for data collection, situation updates, and coordination with higher-level health facilities, enabling timely decision-making and effective deployment of resources.

Thresholds For Emergency Medical Response

The humanitarian response in Cox's Bazar has structured emergency response to natural-hazards around a 3-level classification as outlined in the ISCG 72 hour response plan.

Table 1: Thresholds for emergency medical response

Moderate	• Regular monsoon season causing localized foods, storm damage and landslides with minor to moderate damage and limited impact outside the localized affected area. • Situation is managed by local stakeholders with existing resources. • **Isolated camp affected** and can be managed at camp level
Major	• Moderate cyclones destroying or severely damaging large sections of settlements across camps, including heath facilities and impacting humanitarian services. • The situation could start either slowly or rather fast and escalate quickly with serious consequences for the refugee community. • This level emergency requires mobilizing additional resources and making immediate strategic and operational decisions. • **Many camps affected** and support is required to camp level stakeholders.
Extreme	• Very severe tropical cyclones resulting in a major disaster that adversely affects the entire district. The effect of the emergency is wide-ranging and complex, and a timely resolution of disaster conditions requires broad cooperation and extensive coordination. • This level of emergency requires mobilizing additional resources and making immediate strategic and operational decisions. • **All camps affected**, Ukhia and Teknaf Upazillas may requiring external assistance (national and international level response required), and military response

MMTs will deploy as soon as possible (safety permitting) after the onset of an emergency incident and will remain deployed in until health actors have the capacity to fully take over the situation or for at least the first 72 hours following the event, during daylight hours only.

Table 2: Summary threshold for MMT Deployment:

	Category 1 **Moderate Event**	**Category 2** **Major Event**	**Category 3** **Extreme Event**
What	Isolated events, affecting less than five households	Isolated events in more than five locations	Massive loss of life or destruction associated with flood, landslide, earthquake, or cyclone
Who	Core MMT Surge MMT of respective camp	Core and Surge MMT	Core MMT Surge MMT
When	As requested,	Core/surge MMT deploy to location automatically; MMTs deploy as requested through the DRU	Standby prior to incident, deployment as soon as access is possible
Where	In any appropriate location as close to the affected area as possible		In pre-identified locations as close to the affected area as safely possible

MMT Deployment, Coordination And Communication

Thresholds for MMT deployment – Moderate events

For all moderate Events, MMT deployment will be at the request of the camp health focal point in consultation with the CiC or by a health facility directly. A request should be made to the Dispatch and Referral Unit (DRU) for MMT deployment. Thresholds for MMT deployment should be based on the following:

1. Ability of the local health actors / facilities to respond (without closing existing static delivery points)

2. Capacity of the local health actors / facilities to respond immediately (within hours)
3. Capacity of the local health actors / facilities to meet the need generated by the event
4. Closure or destruction of any static health delivery points in the affected area
5. Incident (landslide or flooding or fire incident) affecting more than 5 households.

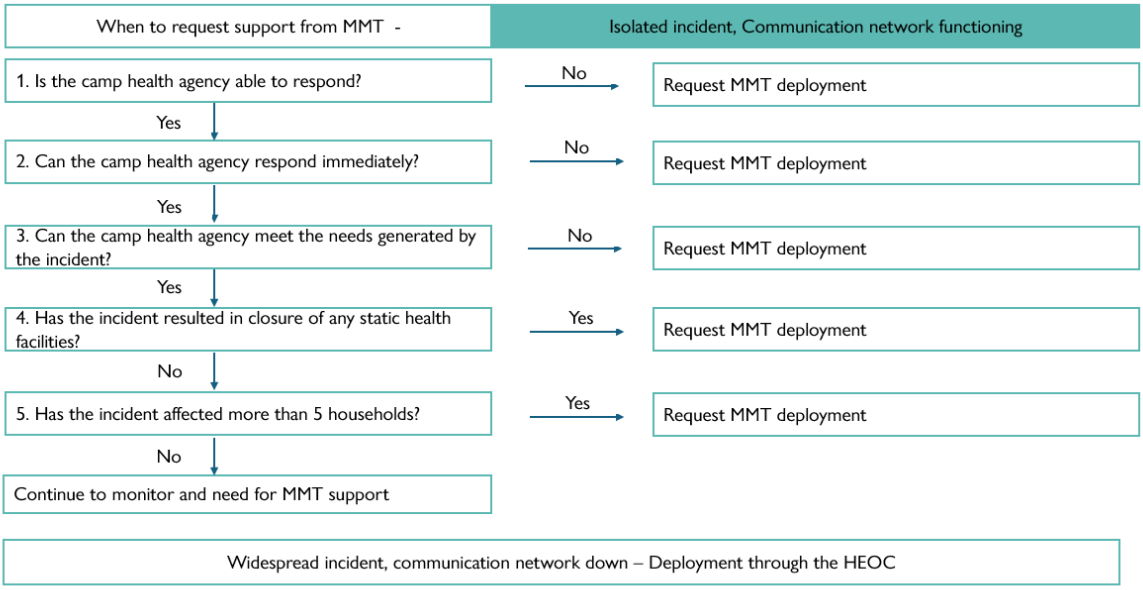


Figure 1: Decision making tree for MMT deployment to moderate events with functioning mobile network.

Thresholds for MMT deployment – Major and Extreme Events

For all category 2/3 events (Major/Extreme), core and surge MMTs will automatically deploy. Requests for additional MMT deployment (utilizing further surge MMTs) by MMT coordinator based on level of casualty and METHANE report.

The health sector has dedicated camp health focal persons (CHFP) or Camp Disaster Focal Points (CDFP) (the incident commanders of the MMTs and the Camp health focal persons will act as CDFP and will be assigned for separated camps for which they will coordinate at different levels of stakeholders in the camps) to coordinate the camp level health interventions. During the response, the CHFPs/CDFPs will be a central coordinating person in the camp, facilitating the MMTs overcome the difficulties in the field and introducing the MMTs to relevant camp-based actors for coherent interventions. Close collaboration with Camp Health Focal Point (CHFP)/ Disaster Focal Points (CDFP) is critical in addressing problems related to site selection and evaluation, WASH and waste management. Before

deployment MMT will coordinate with all the stakeholders of the affected catchment by meeting with them in a preselected common meeting point for that catchment.

In Cox's Bazar, there is a Dispatch and Referral Unit (DRU), operated by IOM in support with Health Sector, which is responsible for providing referral assistance and coordinating ambulance dispatch in the event of any emergencies, like disasters or outbreaks. The DRU closely collaborates with the MMTs throughout the response to provide ambulance support and referral assistance to the responders to the nearest Medical Hubs or referral sites for further management

Standardized communication procedures will be provided to each MMT and training will take place regarding these procedures. Communications will follow international communication protocols to streamline radio communications and allow for clear transfer of information.

Incident Command System

Moderate Event

In the event of moderate emergencies, assuming cellular telecommunication is maintained, any incidence in the camp will be reported by CHWs and health facilities to health sector channeled by camp health focal persons and field coordinators. MMT can be activated either by its attached health facility in the respective camp or through request to Dispatch and Referral Unit (DRU): 01838464323. Any event of activation of MMT will be reported to the sector channeled by DRU and MMT WG coordinator. DRU can also be reached out for ambulance support.

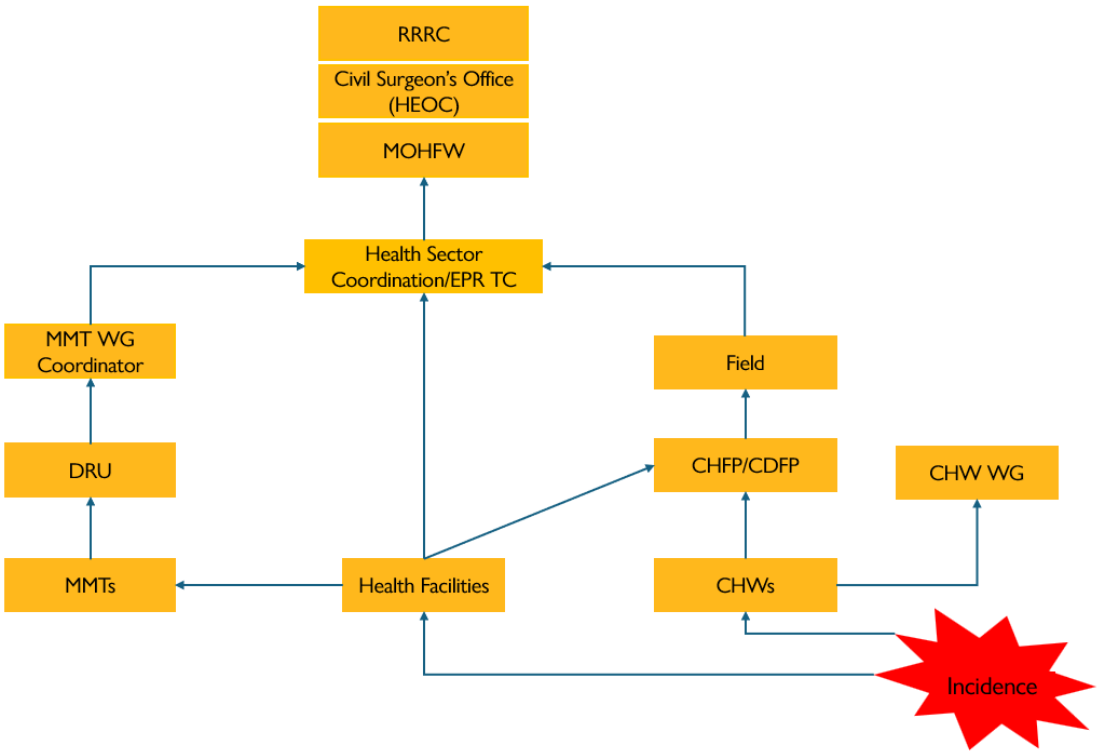


Figure 2: Coordination of medical response in moderate emergencies

Major/Extreme Event

In the event of major or extreme event, assuming cellular communication will be down, an alternative communication and coordination mechanism will be activated. CHWs and CPP volunteers will be the first-line responders in the camp in the aftermath of disaster. A medical hub will be activated at each catchment area to coordinate the incidence command and medical response. MMT, ambulances, CHFPs/CDFPs and medical hub staff will be automatically deployed in the camp as soon as it's safe to do so and roads are cleared. All the responders, including MMTs, will be gathered first at the sector coordination hub or common meeting point (CiC office /Container location which will be preselected for each catchment and all actors must be aware of this) for debrief before moving for response.

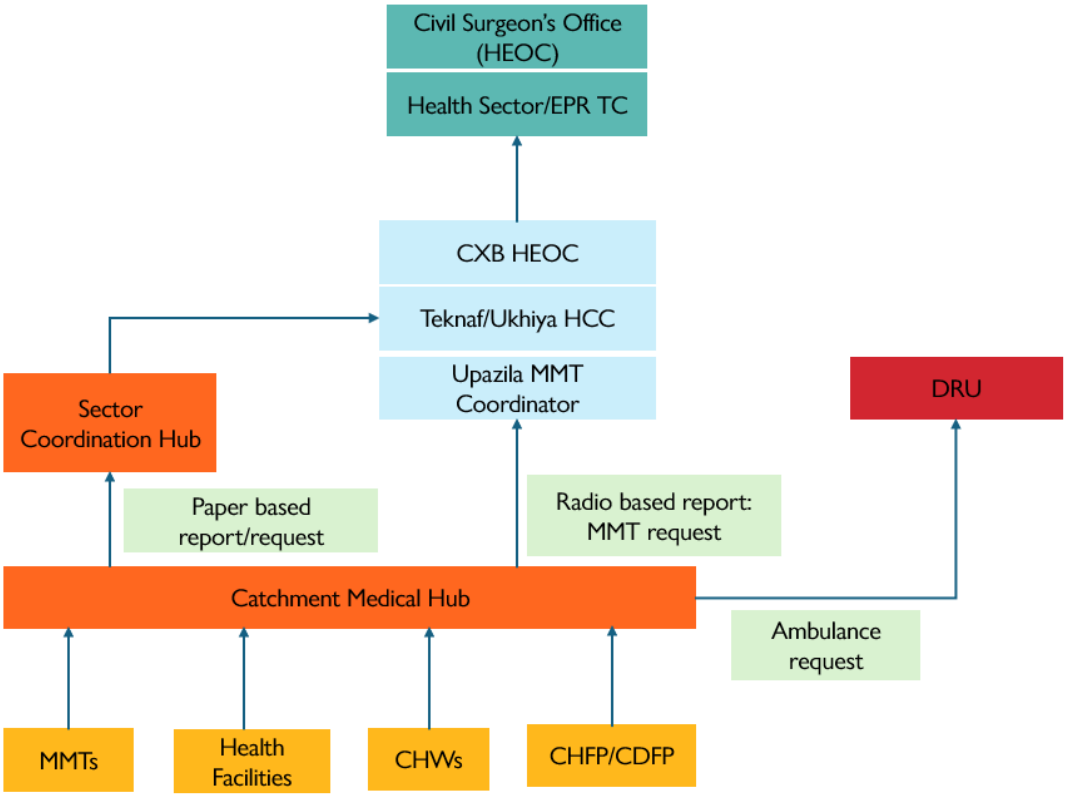


Figure 3: Coordination of medical response in major or extreme emergencies

At Cox's Bazar, Ukhiya and Teknaf MMT coordinator will be based in the humanitarian coordination cell (HCC) to coordinate the MMT response. While ambulances will be prepositioned at each catchment area, DRU will be placed at strategic points in Ukhiya and Teknaf (Ukhiya UHC and IOM Leda health clinic) to dispatch additional ambulances. Incident commander of the MMT will take the lead of medical

hub for coordination of response and reporting to HCC/HS/DRU. MMT coordinators, DRU and CHFPs/CDFPs will have VHF for emergency telecommunication.

In coordination with camp health focal person and catchment focal person, the CHWs will take part in 4 hours JNA (Joint Need Assessment). MMT will be placed in medical hubs while JNA is going on. During JNA if any site found that MMT deployment is required, JNA team members can activate MMT to be deployed to the incident site from medical hub through communication with MMT coordinator/Incident commander. MMT incident commander will be in the medical Hub while other team members will respond as needed. MMT will immediately respond to any mass causality incident (MCI) at their catchment as found during physical assessment. MMTs will share the incidence report or any request for support (e.g. additional ambulance, MMT etc) to the incident commander in medical hub. If VHF are available, Incident commanders in medical hub will report to Upazila MMT coordinator at HCC and can request additional MMTs as needed. If not, medical hub can either communicate through CHFPs having VHF or share paper-based request/report to sector coordination hub for further communication to HCC. Medical hub if become overburdened additional MMT will support the medical HUB activities in terms of HR support.

MMT Access

To ensure priority access for MMTs operating in coordination with the DRU the MMTs will also have an access letter outlining services and need for priority access signed by the military. This letter should be kept in each vehicle in addition to the MMT identification outlined in Section 6.

While the DRU will advocate for priority access for MMTs coordinated through the DRU, **each partner organization is responsible for camp level permissions from the RRRC, CIC, and Health Focal point** in areas where they provide extended primary health care in times outside of an emergency deployment.

MMT Identification

- Each MMT will display an **MMT flag on the top** of a pole upon set up in the camp.
- Each MMT will also display this flag on their front dashboard of the vehicles as they are deployed to assist in identification from the Military in times of emergency
- Each MMT will also display their DRU ID on their front dashboard to assist in the coordination with the DRU and other health actors and to improve communication between MMTs, health actors, and the DRU.

Figure 3: MMT Flag

Mobile Medical Team Composition

The suggested team composition is described below (See Annex A: MMT Job Descriptions). At the discretion of the supporting agency, there may be modifications to this structure, however, the team must retain the ability to provide the MMT package of services at an acceptable level of quality. MHPSS and protection staff within MMT will be provided in coordination with MHPSS and protection working group. It is envisioned that MMTs will deploy with 2 vehicles (1 ambulance and 1 support vehicle). However, depending on the nature of the emergency or location, teams must be prepared to move on foot as needed.

MMT Ideal team composition

- Incident commander (coordinate the team and engage with community leadership, rapidly make decisions, and ensure quality of care)
- Clinical staff
    - 1 x Medical Doctor/clinical lead
    - 1 x Medical Assistant/Paramedic/Nurse (Will act as the Incident Commander)
    - 1 x Midwife
    - 1 x Dispenser

➢ If feasible -

- 1 x Protection Officer

- 1 x MHPSS counselor
- Logistics/Support staff
  - 1 x Ambulance driver
  - 2 x Support staff
  - 1 x Driver / logistician

Community volunteers

Level of engagement with community volunteers will be the responsibility of the agency responsible for mobile teams in any given area. They should connect with other organizations who maintain community volunteers including Disaster response unit (DRU) to identify focal points and assess capacity to support medical response, i.e. through emergency evacuations, crowd control, spreading messages, and possibly triage first response and referral to mobile posts. CHWs will join the JNA team for initial assessment as they are trained in Basic first aid.

MMT Package Of Services

MMT Minimum service package

- Triage including mass casualty triage
- Emergency resuscitation, stabilization and referral
- First aid including treatment of injuries, bleeding control, wound care, splinting for fractures and tetanus prophylaxis[1]
- Immediate primary management of snakebites[2]
- Treatment for priority communicable diseases with outbreak potential including diarrhoea, acute respiratory infections and malaria
- Emergency deliveries for pregnant women
- Clinical management of rape
- Psychological first aid (with onward MHPSS team referral)
- Critical protection services
  a. Identification of unaccompanied children/separated families and referral to emergency protection teams
  b. Referral of survivors of GBV to emergency protection teams for psychosocial and case management support

If required, but not as a first line of response the MMTs can fill in gaps identified by the Health Sector through the EPR TC, especially when there is closure of surrounding static facilities, in such a scenario,

[1] Where possible teams should be able to administer tetanus prophylaxis due to the expected increase in wounds/injuries

[2] Snake bites are expected to increase during rainy season and periods of intense flooding

appropriate temporary infrastructure and logistics should be identified or set-up to ensure ease of access and quality of health services based on MMT Clinic layout and patient flow (Annex B).

Protection services within MMTs will be supported by protection WG member through MMT protection focal person, for safe identification, referral and care of vulnerable children (e.g. lost, unaccompanied), and referral assistance for other identified vulnerable persons in need of targeted protection assistance, such as elderly persons at-risk, persons with disabilities, single women-headed households, etc. encountered during the surge medical/surgical support by MMTs

MHPSS services within MMTs will be supported by MHPSS WG partners for the provision of psychological first aid and basic emotional support and provide referrals to specialized mental health and other services.

MMT expanded package of services

If teams are expected to stay in location for more than 1 week due to the closure of surrounding static facilities, then in addition to the above package of services, the inclusion of the following services is recommended:

- Minimum initial services package for reproductive health including; emergency obstetric care to women and girls with antenatal obstetric complications and making appropriate referrals, providing continuity of care for antenatal checkup, post -natal checkup, and family planning services as well as emergency contraception.
- Screening for malnutrition and referral to OTPs.
- Screening and refill of chronic medication including the NCDs.
- Risk communication and community engagement, with the support of Community health working group (CHWG) disseminate public health messages on specific hazards.

Emergency Referrals from MMTs

In mass casualty situations, the MMTs will utilize the START triage algorithm. Emergency referrals will be to medical hubs and from hubs further segregation of cases will be done as:

- Medical (adult and pediatric)
- Orthopedic
- Neuro trauma
- General trauma
- Obstetric

Emergency referrals will be sent from MMTs to designated Medical Hub. The Dispatch and Referral Unit will coordinate these referrals in order to allow for quick patient transfer and ease the burden on secondary care facilities by understanding current capacity.

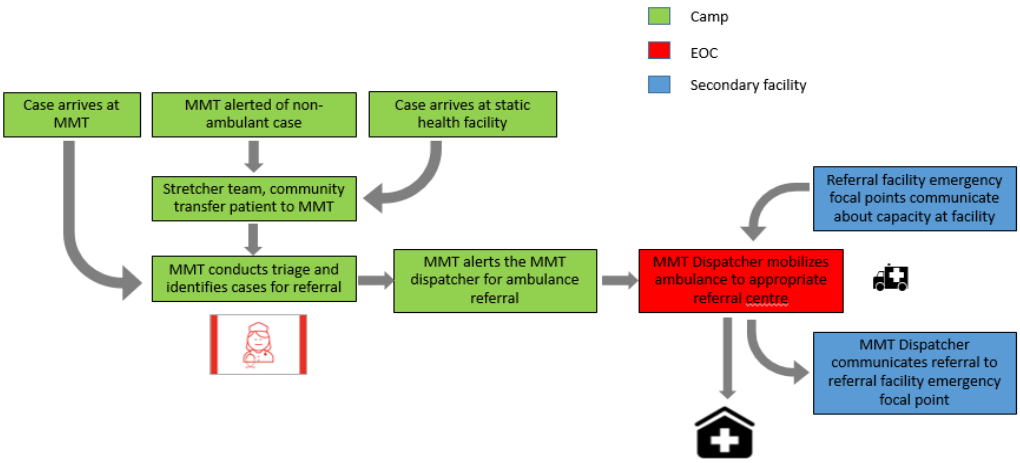


Figure 4: Patient flow and referrals

Linkages with other sectors

MMTs will coordinate, link with, and refer to other sectors to promote multi-sector service delivery.

- Protection: Protection, in the humanitarian context, is ensuring people have access to services and information that can keep them safe and can physically and safely access those services in a dignified and respectful manner, and that they are protected from exploitation when accessing those services.

  Protection mainstreaming means to Prioritize safety and dignity and avoid causing harm, Meaningful Access, Participation and Empowerment, Accountability.

  There could be multiple options for mainstreaming protection in MMT response: The MMT can have a dedicated protection officer within the team, or, the MMT can request protection sector/protection agencies for seconding a protection officer during MMT response. Alternatively, one of the members of the MMT can be trained on protection mainstreaming and act as linkage between the MMT and protection actors. MMTs will coordinate and establish referral linkage with protection services in their respective catchment areas.

- MHPSS: Dedicated MHPSS Personnel in the MMT to provide psychological first aid, basic emotional support, and immediate mental-health interventions during emergencies.

OR,

Catchment Coordination: Maintain regular communication with the designated MHPSS focal person for the camp/catchment area as per pre-deployment mapping for rapid referrals.

OR,

Working Group Linkage: Coordinate with the MHPSS Working Group to ensure timely referral of individuals needing specialized mental-health care and follow-up.

All MMT members will be trained on how to provide immediate Psychological Fist Aid (PFA).

- Nutrition: The MMTs will refer cases to the nearest Medical Hub. In level 2/3 emergencies, it is envisioned that mobile nutrition teams will co-locate at MMT service points after the acute emergency phase.

(See Annex B: Suggested MMT Layout and Patient Flow).

Data Reporting

In addition to organizational patient registers, MMTs are also required to report to the Health Sector 4ws as well as EWARS (Daily Reporting) using the MMT ID given to each team from the DRU.

Equipment And Supplies

Universal response MMT kit for all MMT partners sufficient to respond in various emergencies and disaster scenarios had beeen developed, kits currently available are as follows;

- **Medicine Kit** (See Annex)
- **Emergency Trauma Kit** (See Annex).
- **Fire Kit** to be developed by each agency (See Annex)
- **Personal Deployment kit**: It will be the responsibility of each agency to provide the required personal kit for each member of their MMT (Annex).

MMT Deployment Capacity

Estimated minimum number of Mobile Medical Teams

As a result of the multiple types of risks (floods, landslides, cyclone, fire etc.), in multiple vulnerable geographical sites, and likelihood of simultaneous or repeated events, precise planning estimations are difficult. For the purposes of planning, the total number of camps has been used to guide the minimum number of MMTs required to deploy rapidly in the event of a major incident. This deployment would be achieved through the core (level 1) and surge (level 2) MMTs.

Implementing partners who would like to contribute to the MMT response can do so in the following ways:

Core MMTs

- Core MMTs that are 100% dedicated for emergency response and can deploy immediately in the event of an emergency
- Core teams also provide primary health care in the event of relocation where static facilities do not yet exist.

Surge MMTs

- MMTs that can be deployed within 3 hours of request from within existing organization resources (i.e. downsizing staffing at existing facilities but must not be to the detriment of existing static facilities).

Additional support for MMTs

- Agencies that are unable to deploy complete mobile teams but have key resources to contribute that can be redistributed through a centrally maintained supplementary pool (e.g. midwives/Nurse/ supplies/ ambulances, etc.)

Responsibilities Of Agencies Contributing to MMT Response.

- At a minimum, the MMT package of services must be delivered.
- Teams must have capacity for ambulance referral. Teams must consist of the members as per the SOP.
- Sufficient capacity must exist so that deployment of the MMT does not interrupt existing services – i.e. there should not be closure of a fixed facility to deploy the staff as a mobile team.
- Supporting organizations must be committed to remaining in Cox's Bazar throughout monsoon and cyclone season and maintaining capacity to operate MMTs.
- Have capacity to manage at least 100 consultations / day
- Maintain deployment for at least 72 hours after emergency (from first time of access)
- 4 main Kits must be maintained and monitored in a periodical manner (Medicine kit, Trauma kit, Fire Kit & PDK)
- Must commit to sufficient seniority among team leaders to assure capacity to rapidly adjust to context on the ground, coordinate within the response systems in English and ensure an adequate level of care. Team Leaders will ideally have prior experience in an emergency context and prior training or experience in mass casualty incidents.

- It will be the responsibility of each agency to determine what their threshold for safe access to affected areas is, however, the expectation will be that each agency will make every effort to deploy teams as soon as possible. In particular, if an organization foresees evacuating staff from Cox's in the event of a severe storm, they must have a plan for rapid return to facilitate the deployment of MMT

MMT Training (See Annex)

Annexes

A. Job Descriptions for each position
B. Mobile Clinic Organization and Patient flow
C. Mass Casualty Triage Guide
D. Referral facilities
E. MMT Kits
F. Infection Prevention and Control for Mobile Medical Teams Protocol
G. MMT Readiness
H. MMT Traffic Signal Mechanism
I. MMT training content

Annex A– Job Descriptions for each position

Mobile Medical Teams

Incident commander:

- Directly supervise all MMT staff
- Regular stock status update and necessary replenishment of the MMT Kits items
- Responsible for the overall technical and administrative oversight of the MMT services including decisions related to safety of the team during deployment
- Coordinate directly with Site Manager to update on MMT status in Camp
- Coordinate directly with dispatch on referrals
- Coordinate with the relevant stakeholders of the camp for predeployment meeting and postdeployment updates.

Medical Officer:

- Provide direct clinical care, working closely with the incident commander, nurse/midwife/paramedic and nurse/dispenser to ensure the following services are delivered by the mobile team and are of high quality:
    - Triage and assessment of patients, with referral of severe cases to the nearest Medical hub.
    - Stabilization of critical patients: xABCDE
    - Assisted delivery if required
    - Ensure adherence to infection prevention and control measures
- Provide leadership, mentorship and technical support to the mobile team staff to ensure the delivered health services are of high quality and ensure the maintenance of an efficient inventory of drugs, medical supplies and equipment

- Ensure accurate recording of information in the clinic registers, and timely completion of summary reports
- Any other duties assigned by supervisor

Nurse/Midwife/Paramedic:

- Working under the direction of the MMT Team Leader, ensure the following specific activities are delivered:
    - Triage and assessment of patients, with referral to appropriate MMT channels
    - Supervise, where applicable, teams of community health volunteers or CPP teams to assist with triage
    - Provision of basic first aid and wound care
    - Ensure adherence to infection prevention and control measures
    - Perform additional nursing procedures as assigned by the Medical Assistant
- Ensure accurate recording of information in the clinic registers, and timely completion of summary reports
- Any other duties assigned by supervisor

Nurse / Dispenser:

- Consult patients that are not in need of referral
- Provision of treatment for uncomplicated malaria, diarrhoea and pneumonia for under 5's as per IMCI protocols
- Provision of treatment for uncomplicated malaria, diarrhoea and pneumonia for over 5's and adults
- Dispense drugs to the patients as needed and in accordance with MMT treatment protocols including provision ofinfo to patients on drug use
- Balance stock cards after every transaction and ensure they are up to date at all times
- Check and maintain a record of drug expiry dates
- Completion and timely submission of drug inventory and consumption reports
- Work closely with the support vehicle driver / logistician to ensure no stock outs
- Prevent physical damage and contamination of drugs
- Ensure adherence to infection prevention and control measures
- Perform additional procedures and duties as assigned by the Medical Assistant

Protection

- Provide survivor-centered support for women and girls who disclose experiences of GBV, by providing psychological first aid (PFA), and supporting safe referrals to the Mobile Medical Team's services and onward referrals to MHPSS, Protection Units, etc.
- Safely identify vulnerable children who have experienced abuse or violence, UASC, and other children at risk and provide child-friendly support through PFA, involving caregivers as appropriate, and ensure safe referrals to the Mobile Medical Team's services
- Provide referral to specialized service providers for other identified vulnerable persons in need of targeted protection assistance, such as elderly persons at risk, persons with disabilities, single women headed households, etc.
- Ensure linkage and coordination with the Protection Emergency Response Units for those cases in need of further follow up
- Ensure coordination with the Health and Protection outreach refugee volunteers for an effective identification and referral of those in need in remote areas and/or unable to reach and/or unaware of the MMT.

Mental Health and Psychosocial Support (MHPSS)

- MHPSS Personnel in the MMT will provide psychological first aid, basic emotional support, and immediate mental-health interventions during emergencies.
- Maintain regular communication with the designated MHPSS focal person for the camp/catchment area as per pre-deployment mapping for rapid referrals.
- Coordinate with the MHPSS Working Group to ensure timely referral of individuals needing specialized mental-health care and follow-up.

Ambulance driver

- Ensure the safe and timely transport of patients to referral facilities as directed by MMT Team Leader
- Ensure vehicle is clean, well maintained and in good working condition before each deployment
- Ensure adherence to infection prevention and control measures

Second driver / logistician

- Ensure the safe and timely transport of MMT staff and materials to and from staging points within camps as directed by MMT Team Leader
- Ensure vehicle is clean, well maintained and in good working condition before each deployment

- Ensure vehicle is packed and ready to go at all times with the appropriate site and medical kits
- Support set up and break down of MMT staging sites

Dispatch and Referral Unit (DRU)

Dispatch and Referral Unit Coordinator

- In an emergency:
    - Act as central coordination for all MMTs and, in the event of an emergency, the DRU coordinator will coordinate MMT movement out of the field level HEOCs.
    - Communicate with referral facilities and MMTs to direct referrals
    - Coordinate with other sector focal points to triangulate reports from the field and prioritize distribution of resources.

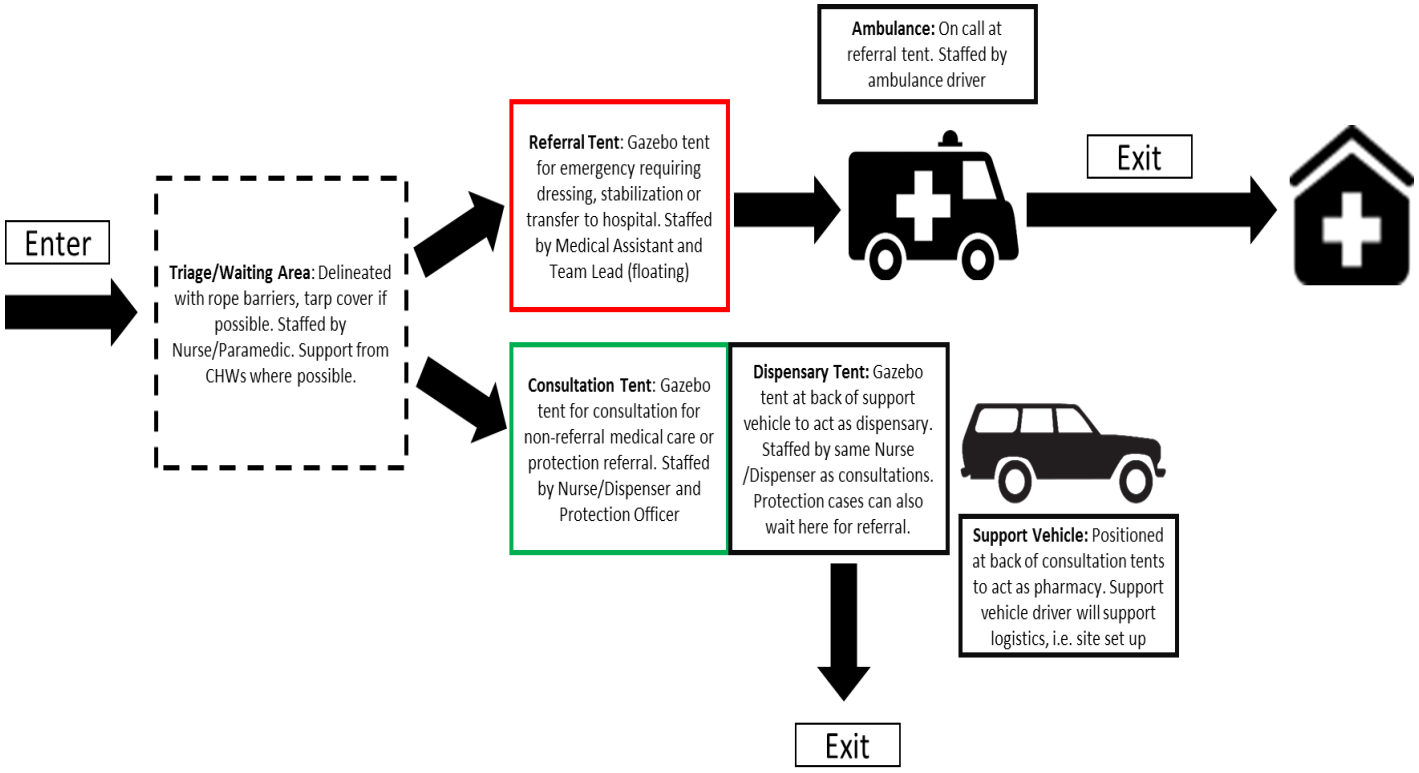
Dispatch and Referral Unit Officer

- In an emergency:
    - Act as central focal point outside of the HEOC for all MMTs in the event of an emergency. The officer(s) will be based at the MMT Rally points.
    - Communicate with the HEOC to assist in updating, referrals, and MMT location.
    - To provide on-ground logistical support for MMTs
    - Coordinate with in-field focal points to advocate for MMT access, permissions, and coordination at field level.

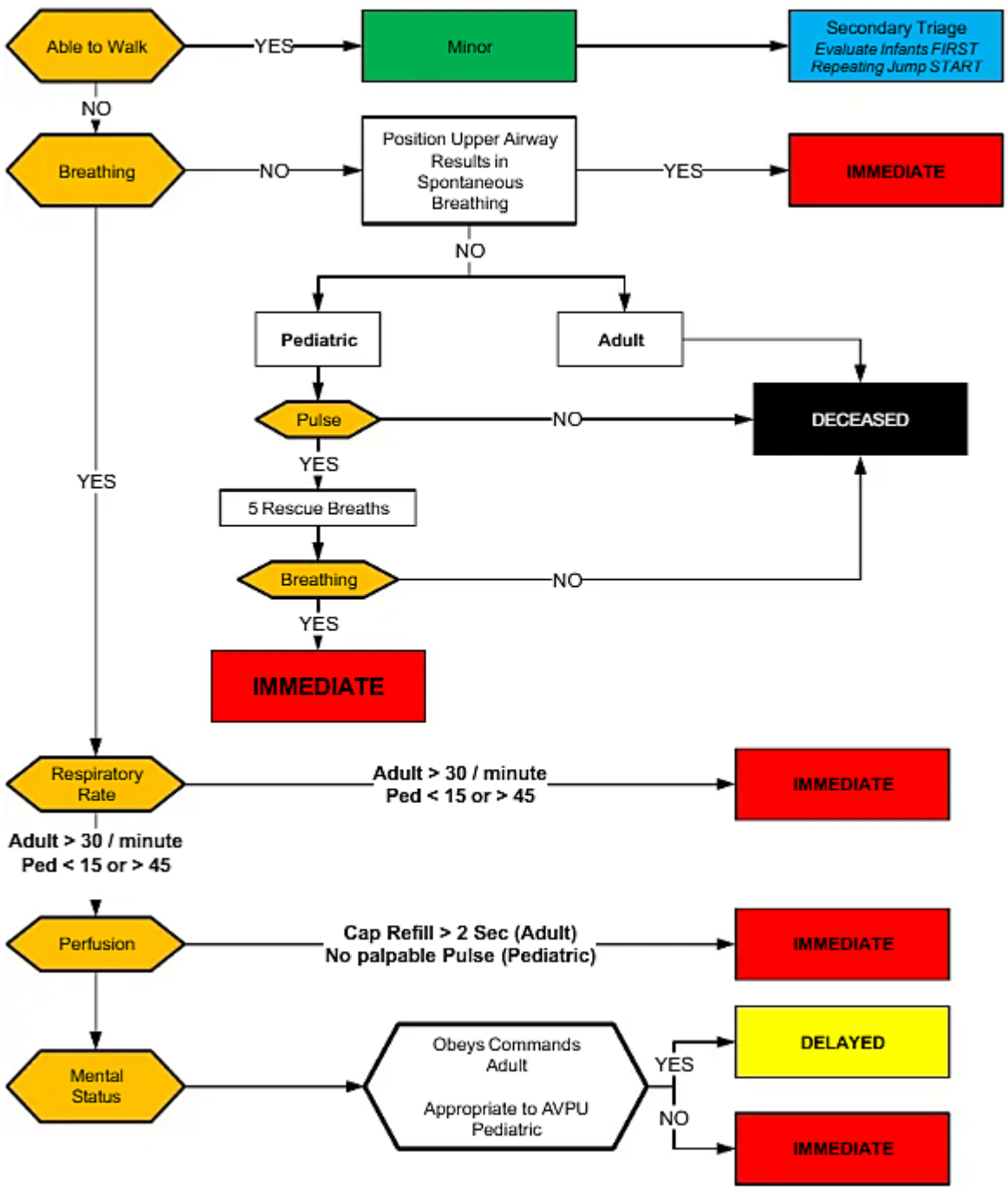
Emergency Focal Point (At referral facilities)

- Communicate with Dispatch Coordinator during emergencies to provide real time information on available capacity

Annex B- MMT Suggested Clinic Layout and Patient Flow

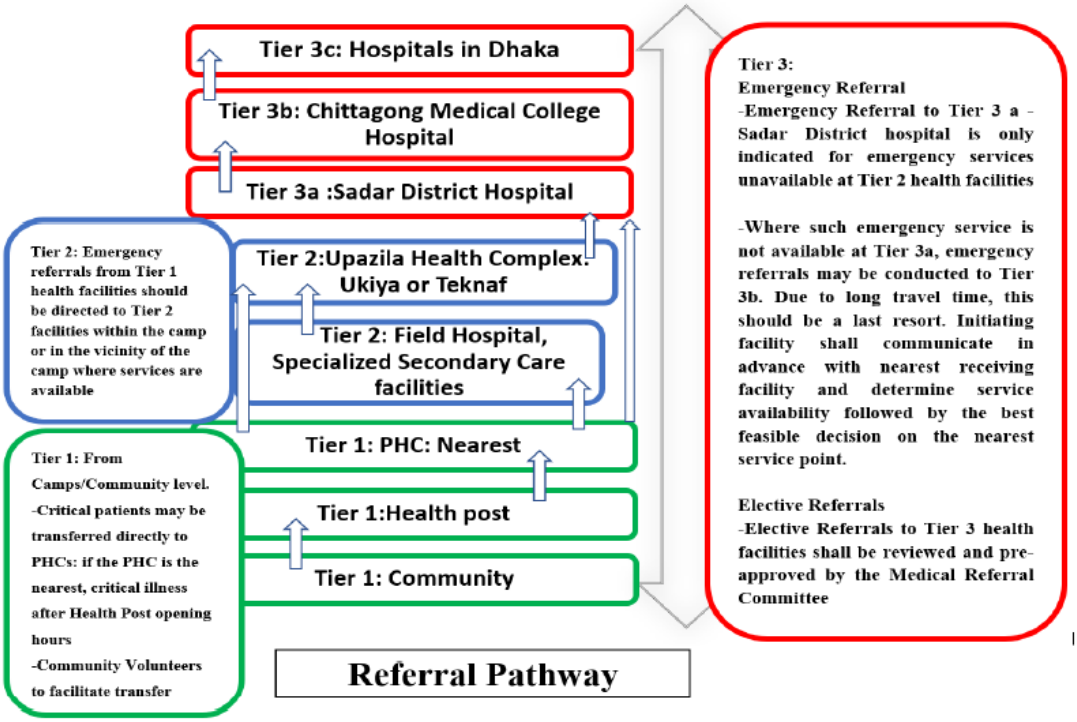


Annex C – Mass Casualty Triage Algorithm (START & JumpSTART)



Annex D – Referral Facilities

REFERRAL PATHWAY ACROSS THE HEALTH SERVICE DELIVERY POINTS



EMERGENCY OBSTETRIC REFERRAL PATHWAY

RRRC

SRH WORKING GROUP COX'S BAZAR

Primary Health Care Center / Health Post

Field Hospitals

Friendship Hospital
Hotline Number: +8801881825494
Focal point: Dr. Saiful,
Mobile: +8801711930184
Operational Time: 24/7

Hope Field Hospital
Hotline Number: 01825730107
Focal Point Dr. Jahangir
Mobile: 01856745211
Operational Time: 24/7
Cervical Cancer: VIA Positive
Wednesday and Thursday
Mobile and WhatsApp:
01864-353800

Turkish Field Hospital
Hotline Number: +8801853327379
Focal point: Md Ayub,
Mobile: +8801815516006
Operational Time:
08:00 AM -03:00 PM

Cox's Bazar Sadar Hospital
Hotline Number: 01869-476555
Focal Person: Abdul Kader Rony
Mobile: 01812736143
Service Time: 24/7

Chittagong Medical College & Hospital

OBSTETRIC AND GYNOCOLOGICAL EMERGENCY Referral Plan

This plan is applicable regardless of public/National/Government holidays

Health Facility	Service Availability	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Ukhiya UHC	16/7 CEmONC	Yes	Yes	Yes	Yes	Yes	yes	Yes
Teknaf UHC	24/7 CEmONC	Yes	Yes	Yes	Yes	Yes	yes	Yes
Friendship Maternity Hospital	24/7 CEmONC	Yes	Yes	Yes	Yes	Yes	yes	Yes

TEKNAF HEALTH COMPLEX

CONTACT

Hotline Numbers: 01870718063

INCLUSION

1. Stabilization of obstetric emergencies (Obstructed and prolonged labour, Chorioamnionitis, Shoulder dystocia, Acute inversion of uterus)
2. ANC, PNC, NVD
3. Emergency caesarian section
4. Post abortion care , MR, D & C
5. Clinical Management of Rape
6. APH (only Abruptio Placentae);
7. PPH
8. Pre-eclampsia
9. Emergency hysterectomy
10. Benign /Cystic Tumors; myomectomy, polypectomy, Uterine Prolapse
11. Assisted Vaginal Delivery (Forcep only)

EXCLUSION

1. Cases that needed ICU support:
    a. -Eclampsia
    b. -Severe preeclampsia
    c. -Placenta praevia
    d. -Severe anemia
    e. -Ruptured Uterus
2. Pregnancy complicated with any of the following:
    a. Liver disease
    b. Heart disease
    c. CKD
3. Women with Positive (HBsAg, HCV, HIV)
4. Cases that need NICU support:
    a. Preterm baby
    b. LBW baby
    c. Baby with Congenital anomaly (Which needs the NICU support)
5. Patient or Patient party not giving risk bond or informed written consent.
6. Acute gynecological or obstetric emergency cases without proper investigation paper or proper evidence.

UKHIYA HEALTH COMPLEX

CONTACT

Hotline Numbers: 1: 01869654972

INCLUSION

1. Stabilization of obstetric & gynaecological emergency
2. ANC, PNC, Normal Vaginal Delivery
3. Emergency & elective c-sections
4. Pre eclampsia
5. PPH
6. Fetal distress
7. IUD (must have DIC profile _ CBC e platelet count, BT, CT)
8. Abdominal & vaginal Hysterectomy
9. Extra uterine pregnancy (if patient is in favourable condition that can be managed at UHC set up)
10. Menstrual Regulation , Post Abortion Care, D & C
11. Clinical management of rape
12. Short term & long-term Family planning

EXCLUSION

1. NVD requiring vacuum or forceps extraction (these instruments are not available at Ukhiya HC)
2. Previous 2 C/S e H/O rupture uterus
3. Rh negative mother (as no anti D injection available & can't support neonatal rh incompatibility complications)
4. Eclampsia (referred after initial stabilizations)
5. APH (complete placenta previa)
6. Molar pregnancy
7. Pre term premature baby or Any known neonatal conditions that will need extensive support after delivery
8. Any operative conditions that will need General anesthesia
9. OBG conditions that can't be supported in Ukhiya health complex available management will be referred after initial management.

Note: There is no service for Neonatal Intensive Care Unit (NICU)

Friendship Maternity Hospital

CONTACT

Hotline Numbers: 1: 01881825494

Call option 2: **01815103810**

INCLUSION

1. Pregnancy at term with labor pain
2. Emergency/elective/Previous history of Caesarean Section
3. Pregnancy with malpresentation
4. Pregnancy with material illness (GDM, DM, Chronic HTN, Preeclampsia),
5. Pregnancy with Antepartum Hemorrhage (Placenta previa, abruptio placenta)
6. Post-partum Hemorrhage including Retained placenta
7. Ruptured uterus
8. Pregnancy with HCV, HBsAg
9. PROM with oligohydramnios or Pregnancy with polyhydramnios
10. Pregnancy with IUFD and BOH
11. Pregnancy with severe anemia (requiring blood transfusion)
12. Prolong and obstructed labor or cord prolapse/ hand prolapse

EXCLUSION

Any patient requiring ICU support

Any complicated case requiring multidisciplinary approach, multi organ failure i.e Renal problems, cardio-vascular problem and hepatic impairment, hormonal diseases like goitre/thyrotoxicosis, DIC etc.

Annex E- Medical KITs

MMTs should maintain a minimum stock level of at least weeks to provide medical services without additional assistance. A standard hazard specific kits for MMTs is comprised of (Emergency Trauma Kit, Fire kit, Medicine Kit, Personal Deployment Kit), the composition of the kits have been simplified and debulked for ease of transport to the affected site, and to facilitate the immediate mounting of response. Camp or catchment level prepositioning of emergency supplies should be in place for quick and easy access to emergency health logistics and medical supplies during response.

Deployment Kit

Planning assumption	
# of Red Patient (12.5% of total)	50
# of Yellow Patient (12.5% of total)	50
# of Green Patient (75% of total)	300
# total patient	400
Response over	72 Hrs - 2 weeks

Sl no	Item Description	Unit	Required number	Remarks
1	Solar Panel	Pcs	1	Large Pack 1
2	Towel	Pcs	1	Large Pack 1
3	Eye pad	Pcs	2	Large Pack 2
4	First aid dressing	Pcs	1	Large Pack 2
5	Hand Sanitizer	Pcs	1	Large Pack 2
6	Hexisol	Pcs	1	Large Pack 2
7	Hydration Pack	Pcs	1	Large Pack 2
8	Roll Bandage	Pcs	6	Large Pack 2
9	Tiffin Box	Pcs	1	Large Pack 2
10	Toilet Tissue	Pcs	1	Large Pack 2
11	Match Box	Pcs	5	Protective gear
12	Mega-phone with batteries	1 per team	1	Without Pack
13	MMT Flag	Pcs	2	Without Pack
14	Power Bank	Pcs	2	Protective gear
15	Solar Light	Pcs	1	Protective gear

16	Walking Stick	Pcs	7	Protective gear
17	Whistle	Pcs	1	Protective gear
18	High Visibility Vest	Pcs	10	Protective gear
19	Life preserver	Pcs	5	Protective gear
20	Bandage Scissor	Pcs	1	Small Pack 1
21	Glowsticks	Pcs	1	Small Pack 1
22	Phone and Battery Recharger	Pcs	1	Small Pack 1
23	Splinter Forcep	Pcs	1	Small Pack 1
24	Spoon,fork,knife	Pcs	1	Small Pack 1
25	Survival Blanket	Pcs	2	Small Pack 1
26	Burnshield-1 pc	Pcs	1	Small Pack 2
27	Compas	Pcs	1	Small Pack 2
28	Earplugs	Pcs	2	Small Pack 2
29	Flashlight	Pcs	1	Small Pack 2
30	Headlight with 3 batteries	Pcs	1	Small Pack 2
31	Mask	Pcs	1	Small Pack 2
32	Flask	Pcs	1	Small Pack 3
33	Sewing Kit	Pcs	1	Small Pack 3
34	Snake Bite Kit	Pcs	1	Small Pack 3
35	Soap	Pcs	1	Small Pack 3
36	Sun Screen	Pcs	1	Small Pack 3
37	Thermometer	Pcs	1	Small Pack 3
38	Trainagular Bandage	Pcs	2	Small Pack 3
39	Wound Disinfectant	Pcs	1	Small Pack 3
40	Clipboard with pen and markers	Pcs	1	Without Pack
41	Melamine Plates	Pcs	1	Without Pack
42	Plastic Sheet	Pcs	1	Without Pack
43	Water Purification Tablets	Pcs	10	Without Pack
44	Throw Bag (2 per team)	Pcs	2	Protective gear
45	Sleeping Bag (1/person)	Pcs	5	Protective gear
46	Smart tent (2:1)	Pcs	5	Protective gear
47	Rain coat	Pcs	5	Protective gear
48	Umbrella	Pcs	5	Protective gear
49	Backpack, 120 L, water resistant	Per team	2	Without Pack
50	Sanitary Pad (for MHM)	Pack	2	

Fire Kit

Sl no	Item Description	Unit	# per unit	Required number
1	BAG, URINE, 2 l, w/ tap + non-return valve, graded, sterile	Pcs	2	20
2	CATHETER, URINARY, FOLEY, w/ balloon, CH 08, sterile, disp.	Pcs	1	1
3	CATHETER, URINARY, FOLEY, w/ balloon, CH 10, sterile, disp.	Pcs	1	2
4	CATHETER, URINARY, FOLEY, w/ balloon, CH 14, sterile, disp.	Pcs	1	2
5	CATHETER, URINARY, FOLEY, w/ balloon, CH 16, sterile, disp.	Pcs	1	5
6	CATHETER, URINARY, FOLEY, w/ballo., CH 12, silic., st., s.u.	Pcs	1	5
7	COTTON WOOL, 1kg, 100% cotton, hydrophilic	Pac	1	1
8	Fine Scissor	Pcs		2
9	Gloves, Surgical, 6" (Box of 50)	Pair	2	100
10	Gloves, Surgical, 7" (Box of 50)	Pair	2	100
11	INFUSION SET, Adult	Pcs	1	50
12	INFUSION SET, PAEDIATRIC, with burette, and air intake	Pcs	1	10
13	IV CANNULA, G16, 1.7 x 50 mm, with inj. site, grey, safety	Pcs	1	10
14	IV CANNULA, G18, 1.3 x 45 mm, with inj. site, green, safety	Pcs	2	20
15	IV CANNULA, G20, 1.1 x 33 mm, with inj. site, pink, safety	Pcs	2	20
16	IV CANNULA, G22, 0.9 x 25 mm, with inj. site, blue, safety	Pcs	1	10
17	IV CANNULA, G24, 0.7 x 19 mm, yellow, safety	Pcs	1	14
18	Kidney tray	Pcs		5
19	Leukoplast roll, medium (1")	Pcs	1	20
20	Paraffin Gauze	Pcs	1	100
21	Micropore 1"	Pcs	1	10
22	Micropore 2"	Pcs	1	10
23	Rough Scissor	Pcs		2

24	Safety box for used syringes/needles, 5 litres	unit		2
25	Scalpel (disposable) with blade (15, 22)	Set	1	10
26	Sponge holding forceps	Pcs		1
27	Sterile roll bandage	Pcs	2	200
28	Syringes, disposable, 5ml	Pcs	1	20
29	CEFTRIAXONE, 1g, powder, vial	Pcs	1	10
30	Ketorolac Inj, 30mg	Amp	1	25
31	Mupirocin 2% topical	tube, 10gm	1	30
32	OMEPRAZOLE, 20 mg, tab.	Pcs	5	500
33	ORAL REHYDRATION SALTS (O.R.S.), sachet 20.5 g/1 L	Pcs	5	400
34	PARACETAMOL (acetaminophen), 500 mg, tab.	Pcs	5	2000
35	PARACETAMOL, 100mg tab	Pcs	5	500
36	Povidone iodine 10%, bottle bottle of 200ml	Pcs	1	10
37	Ringers Lactate, 500ml	Pcs	1	50
38	SODIUM CHLORIDE, 0.9%, 500ml, plastic bottle	Pcs	1	20
39	SULFADIAZINE SILVER, 1%, cream, tube	Pcs	1	50
40	Dressing Set (Mosquito, Gullipot, Scissor)	Set	1	10
41	Suture Set (Mosquito, Gullipot, Scissor (Stich cutting) , tooth for, Needle Holder)	Set	1	10

Trauma Mx Kit

Sl no	Item Description	Unit	# per unit	Required number
1	AED Machine	Pcs	1	1
2	AED Machine Pad	Pair	3	3
3	Alcohol swabs/pad, 100 per Box	Box	5	25
4	Butterfly Canulla	Pcs	1	5
5	Dextrose 25% or 50% - solution, 100ml	bot/bag	1	4

6	Dextrose 5% - IV fluid	bot/bag	1	2
7	Infusion sets (*adult)	Pcs	1	10
8	Intravenous cannula, size 16 G	Pcs	1	5
9	Intravenous cannula, size 18 G	Pcs	1	10
10	Intravenous cannula, size 20 G	Pcs	1	10
11	Intravenous cannula, size 22 G	Pcs	1	10
12	Intravenous cannula, size 24 G	Pcs	1	5
13	Lactated Ringers - IV fluid	bot/bag	1	3
14	NaCl 0.9 % infusions solution 500 ml	Pcs	1	5
15	Plastic bag with zipper closure	Pcs	1	500
16	Syringes, disposable, 10ml	Pcs	1	5
17	Syringes, disposable, 3ml	Pcs	1	10
18	Syringes, disposable, 5ml	Pcs	1	10
19	Tourniquet x 1	Pcs	1	5
20	Infusion sets (*paediatrics)			5
21	Baby weight scale (portable, upto 25kg)	Pcs	1	1
22	Cloth scissors, 185mm x 1 (Rough Scissor)	Pcs	1	1
23	Cuff for adult x 1	Pcs	1	2
24	Cuff for paediatric x 1	Pcs	1	1
25	Diagnostic light x 1	Pcs	1	2
26	Digital BP Machine x 1 (adult)	Pcs	1	1
27	Digital BP Machine x 1 (paediatric)	Pcs	1	1
28	Digital thermometer, individual, in plastic case x 1 (axillary)	Pcs	1	2
29	Fine Scissor	Pcs	1	2
30	Glucometer with Strip (50 strip)	Pcs	1	1
31	Gluteraldihyde Soln (500ml)	Pcs	1	1
32	Otoscope / Ophtalmoscope set x 1	Pcs	1	1
33	Pulse Oxymeter (adult+paedi)	Pcs	1	2

34	Reflex hammer, Buck x 1	Pcs	1	1
35	Stethoscope (adult)	Pcs	1	2
36	Stethoscope (Paediatric)	Pcs	1	1
37	Tongue depressor, wood	Box	1	1
38	Triangular Sling	Pcs	1	10
39	Clean delivery Kit	Kit		2
40	Bin Liner Bag 20L.Yellow(H 24"x L18")	Pcs	0.125	5
41	Bin Liner Bag 20L. Black(H 24"x L18")	Pcs	0.25	10
42	Bin Liner Bag 20L.Red(H 24"x L18")	Pcs	**0.25**	5
43	Boot- Different size	Pcs		
44	Cleaning Kit with Bucket	Pcs	1	1
45	Coverall /Gown - Different size	Pcs		
46	Face Shield	Pcs		
47	Gloves - for cleaning (Different size)	Pair	1	2
48	Gloves - Surgical (Different size)	Pair	1	6
49	Gloves- Examination (S/M/L)	Box of 100	1	3
50	Hand Drying Tissue	Pcs	1	2
51	Head cover	Pcs		
52	Liquid soap	Pcs	1	2
53	Mask - N95	Pcs		
54	Sharp Box	Pcs	1	2
55	Strecher	Pcs	1	1
56	Surgical Mask	Box of 100	0.25	5
57	Veronica Bucket (10L)	Pcs	1	2
58	Alcohol hand gel, 200mls	1 Piece	0.25	5
59	Cotton wool, 500 g, roll, non-sterile	1 Piece	0.5	4
60	Bag Valve-mask, adult	Pcs	1	2
61	Bag Valve-mask, paediatric	Pcs	1	2
62	Cervical Collar	Pcs	1	#REF!

63	Guedel airway, size 0 x 1	Pcs	1	3
64	Guedel airway, size 1 x 1	Pcs	1	2
65	Guedel airway, size 2 x 1	Pcs	1	2
66	Guedel airway, size 3x 1		1	2
67	Guedel airway, size 4 x 1	Pcs	1	2
68	Pocket-Mask for adult and children x 1	Pcs	1	1
69	Adhesive bandage, roll, 2,50 cm x 5m	Pcs	1	6
70	Compress, sterile, 10x10 cm gauze (surgical)	Pcs	2	#REF!
71	Dressing Set (Mosquito, Gullipot, Scissor)	Set	1	5
72	Elastic gauze bandage 6" (Crepe bandage)	Pcs	0.1	#REF!
73	Gauze bandage 60 x 80 cm (*Roll)	Pcs	0.3	#REF!
74	Paraffin Gauze	Pcs		100
75	Proline 3-0, cutting body	Pcs	1	5
76	Proline 4-0, cutting body	Pcs	1	5
77	Scalpel (disposable) with blade (15, 22)	Set	1	9
78	Vicryl 2-0, cutting body	Pcs	1	5
79	Vicryl 5-0, cutting body	Pcs	1	5
80	Suture Set (Mosquito, Gullipot, Scissor (Stich cutting) , tooth for, Needle Holder)	Set	1	10
81	Splint - Cramer (Different Size)	Set	1	2
82	Splint - SAM (Different Size)	Set	1	2
83	Mama Kit	Set		2
84	Sanitary Pad (100% cotton based)	Pack		2
85	Ambu Bag and Mask (Neonatal)	Set		1

Medicine Kit

Sl no	Item Description	Unit	# per unit	Required number
1	Albendazole, chewable tablets 400 mg	Pcs	2	120
2	Aluminium Hydroxyde+Magnesium Hydroxide	Pcs	10	1500
3	Amlodipine 5mg tab	Pcs	15	225
4	Amoxicillin, Syrup	Pcs	2	110
5	Amoxicillin, tablets 250 mg	Pcs	21	1575
6	Ampiccilin, 125mg/5ml	Pcs	2	110
7	Azithromycin 500mg, tab	Pcs	5	375
8	Azithromycin powder for suspension 200mg/5ml, 100ml	Pcs	1	35
9	Cefixime, 200mg/400mg tabs	Pcs	14	1400
10	CEFTRIAXONE, 1g, powder, vial	Pcs	1	5
11	Cetrizine/Other	Pcs	5	625
12	CMR Kit (Cefexime+Azythromycin+Metronidazole; PG strip, PEP Kit, **ECP[Levonorgestrel 1.5 mg]**)	**Person**		2
13	Compound solution of sodium lactate (Ringer's lactate), injection solution,(with IV set and needle) 500ml	Pcs	1	10
14	Ferrous sulfate + folic acid, tablets 200 mg+0.4 mg	Pcs	10	600
15	Gliclazide 80mg, tab	Pcs	10	150
16	Glucose 5%, injection solution (with IV giving set and needle) 500 ml	Pcs	1	5

17	Glucose 25%, injection solution (hypertonic) 100 ml	Pcs	1	2
18	Hydrocortisone, Inj 100mg/vial	Pcs	1	5
19	Ibuprofen 400mg tabs	Pcs	6	660
20	Ketorolac Tomethamine, Inj 30mg	Pcs	1	5
21	Lidocaine 2%, (*50ml)	Pcs	1	5
22	Metformin 500mg tab	Pcs	10	300
23	Metronidazole - 250 mg tabs	Pcs	15	225
24	Miconazole, cream 2%	Pcs	1	45
25	Mupirocin 2% topical	Pcs	1	60
26	Nystatin Drops, 1 Lac Unit	Pcs	1	15
27	ORS (oral rehydration salt) powder for dilution	Pcs	5	1025
28	PARACETAMOL (acetaminophen), 500 mg, tab.	Pcs	10	2000
29	Paracetamol, dispersible tablets 100 mg	Pcs	5	200
30	PEP kit for staff	Pcs		2
31	Povidone iodine, solution 10%	Pcs	0.1	13.5
32	Rabeprazole/Omeprazole, solid oral dosage form 20 mg	Pcs	10	2000
33	Salbutamol Inhaler, 100 mcg	Pcs	1	20
34	SULFADIAZINE SILVER, 1%, cream, tube	Pcs	1	15
35	Tetracycline HCl 1% eye ointment 5g tube	Pcs	1	0.05
36	Vitamin A- 50.000 IU CAPS	Pcs	4	80

37	Water for injection 5ml amps	PCs	1	20
38	Zinc oxide cream 40% topical	Pcs	1	20
39	Zinc sulphate, dispersible tablets 20mg , blisters	Pcs	15	300
40	Chlorhexidine Gluconate 7.1 % Susp, 10 ml	Pcs		2
41	Phytomenadione (Vitamin K) 2mg Inj.	Pcs		2
42	Folic Acid 5 mg Tab.	Pcs	10	600
43	Calcium Carbonate 500mg Tab.	Pcs	10	600
44	Misoprostol 200 mcg Tab.	Pcs	4	16
45	Inj.Magnesium Sulphate (2.5 g/5 ml)	Pcs		4
46	Inj.Hydralazine 20 mg	pcs		2
47	Condom	pcs		25
48	Combined oral pill	Blister		10
49	Emergency Contraceptive pill	Pcs		10
50	Progesteron only pill	Blister		5

Annex F: Infection Prevention and Control for Mobile Medical Teams Protocol

1.Objective

To provide clear instructions for the management of clinical waste generated by Mobile Medical Teams while responding to emergency situations; to identify appropriate waste segregation; and to identify locations and organisations accepting waste from MMTs.

2. Infection Prevention and Control (IPC):

- To prevent the spread of infections and to protect the health of the MMT staff, all members of the MMT should adhere to universal precautions.
- Universal precautions include the following: hand hygiene, access to Personal Protective Equipment (PPE) (including standard PPE for COVID-19), sharp management, environment cleaning, waste management, cleaning/sterilization of patient care equipment and respiratory hygiene or cough etiquette.
- The MMT should also maintain contact, droplet and airborne precautions as necessary for specific conditions, e.g. COVID-19, AWD, etc.
- MMT staff members will then assess if additional PPE is required depending on patient's symptoms and procedure.

Hand Hygiene:

- All members of the MMT should adhere to a strict hand hygiene policy, using both alcohol hand rub and soap and water.
- All staff should follow the WHO's recommendation for 5 moments of hand hygiene including:
    1. Before patient contact
    2. Before a clean procedure
    3. After body fluid exposure risk
    4. After touching patient
    5. After touching patient surroundings
- At the field level, alcohol-based hand rub can be used to clean hands between patients.
- If hands are visibly soiled, hands should be washed with soap and water first and can be disinfected after with alcohol hand rub.

Personal Protective Equipment:

- MMT should have all required PPE available for universal precaution as well as disease specific contact, droplet and airborne precaution.
- MMT staff members will then assess if additional PPE is required depending on patient's symptoms and procedure.

- Additionally, the MMT should keep the provision of full PPE (mask, gown, gloves, face shield) for dealing with suspected COVID-19 cases.
- If a patient comes to the MMT in labour, face mask, goggles/face shield, disposable surgical gown and elbow length examination gloves are required to carry out the delivery.

Cleaning and disinfection:

- All equipment, tables and chairs should be cleaned with Chlorhexidine 5% mixed with water and dried before placed in the 4x4 for transportation.
- After staff and equipment have been transported from the camp and removed from the 4x4 vehicle, all surfaces should be cleaned with Chlorhexidine 5% mixed with water.
- In the event of patient referral using the 4x4 vehicle as an ambulance, the driver is responsible for cleaning all surfaces of the vehicle after the patient is transferred. This should be done with Chlorhexidine 5% mixed with water.
- In the event that a patient is severely bleeding, then the vehicle must be first cleaned with chlorhexidine 5% and then disinfected with 0.05% bleach solution. After the surfaces are cleaned with 0.05% bleach, they should be wiped with clean water to remove any chlorine residue and dried before additional patients or staff can be transported.
- For any operative procedures (e.g. surgical toileting, wound repair) sterilized instruments should be used.

3. Waste Segregation

- At site level: waste will be segregated into two categories using separate waste bins/bags:
    1. Infectious (clinical) - Infectious waste will include all PPE used during the assessment of patients and all materials soiled with bodily fluids. Infectious material will be placed in a red bin/bag.
        a. All organic waste materials such as placentas or faeces should be double bagged in a separate infectious waste receptacle to prevent liquids from contaminating any materials.
    2. Non-infectious (non-clinical) - Non-infectious waste will conclude all other material waste generated such as medication wrappers, paper or food items. Non-infectious waste will be placed in a black bin/bag.
    3. Sharps – All sharp materials will be disposed of in a sharps bin. This could be a plastic jerry can or a cardboard sharps box. This receptacle must be clearly identified as a sharp only, should be water puncture proof. Sharps materials include: needles with syringe attached, medical vials/ampules, and any objects made of glass or sharp edge.

- After materials are segregated and waste bins are emptied, waste bags should be double bagged with a clean trash bag and securely closed or if possible in a plastic container with a lid. Materials will then be placed in

the back of the transport vehicle (4x4) away from medical equipment for transportation to the allocated waste management partner.

- Once waste is safely transported to the waste management partner, the waste will be burned by incinerator as per organization's protocol and sharps will be later transported by partner organizations for appropriate disposal.

- Please be aware that although infectious and non-infectious waste will be incinerated together, it is requested that the segregation of waste take place for safety of staff at the site, during collection and transportation of waste materials.

4. Transportation of waste

MMTs will be responsible for transporting all of their equipment to and from their location. When the MMTs are leaving their location, all waste will be transported to pre-designated organisations for incineration.

The following procedure should be followed for transporting waste:

- All waste material will be segregated into non-infectious, infectious and sharps.
- After materials are segregated and waste bins are emptied, waste bags should be double bagged with a clean trash bag and securely closed
- Materials will then be placed in the back of the transport vehicle (4x4) and should be arranged so no contamination with medical or food items occurs during transport.
- Where possible, waste will be double bagged and then placed in a container with a lid to prevent waste spilling or leaking.
- Waste will then be taken to a pre-identified facility for incineration.
- After waste is removed from the bed of the 4x4 or closed container, surfaces should be thoroughly cleaned with warm water and chlorhexidine 5%.

5. Facilities Identified as waste management for MMT

MMTs will be working in a flexible environment with changing locations, therefore will not have the capacity to dispose of their waste. It is required that other organisations will agree to receive and dispose of the waste generated from the mobile teams only during the emergency response. Agencies who do not have the infrastructure to dispose of waste (from other programs or other facilities supported), will be linked with an agency with the infrastructure to safely dispose of waste.

6. Equipment and supplies

Supplies required per MMT	
Item	**Quantity**
Veronica Bucket (60L)	1
Liquid soap	3
Chlorhexidine 5%, bottle	2 bottles
Disposable paper towels for cleaning	2 packs
Stool (for veronica bucket to sit on)	1
Receiving bucket (60L)	1
Red trash bags for infectious waste	10
Black trash bags for non-infectious waste	10
Sharps bin	2
Non-sterile examination gloves, size medium, box of 100	2 boxes
Face mask, box of 100	5 boxes
Goggles/face shield	20
Plastic apron, disposable	200
Surgical gown, disposable, for delivery	20

Annex G: MMT Readiness

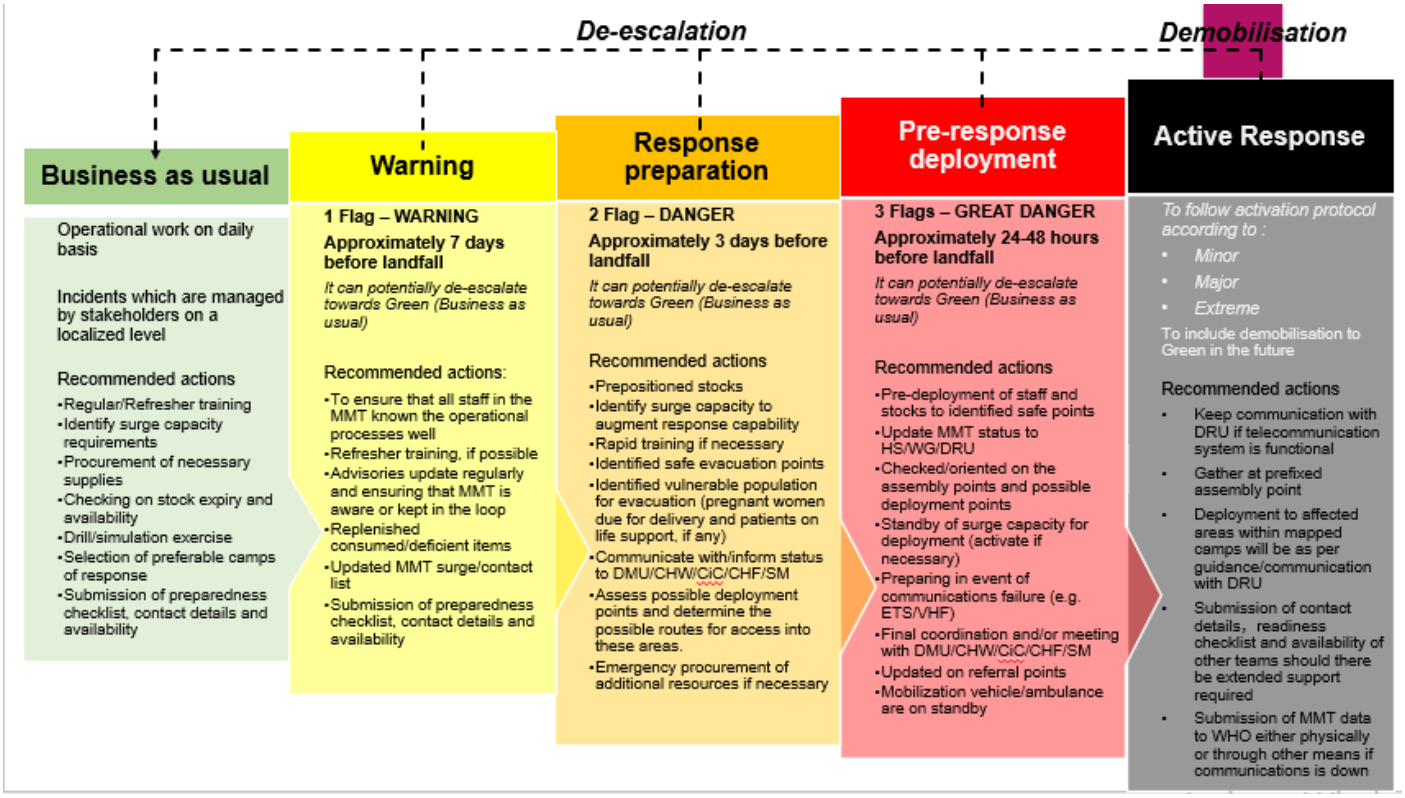
Mobile Medical Team Operational Readiness					
Agency					
Camp operating in					
Team Number (if applicable)					
Core team composition	**Responses**		**How many members are there?**	**Score If "yes" is circled, record as "1"**	**Remarks**
Incident manager / Clinic manager	Yes	No			
Medical doctor	Yes	No			
Paramedic	Yes	No			
Nurse	Yes	No			
Medical assistant	Yes	No			
Midwife	Yes	No			
Dispenser	Yes	No			
Protection officer	Yes	No			
Ambulance Driver	Yes	No			
Support Driver	Yes	No			
Sub-score	____ out of 10				

Manpower related	**Responses**		**How many teams / members are there?**	**Score If "yes" is circled, record as "1"**	**Remarks**
Has there been MMT identified?	Yes	No			
Have the identified members been trained in the past 6 months?	Yes	No			
Are the team members aware of the MMT kit list?	Yes	No			
Are the team members equippd with Personal protective equipments?	Yes	No			
Has the MMT identified their camp level stakeholders (e.g. CiC, catchment focal, SMSD, CHF) etc and linked them up?	Yes	No			
Is there a back-up plan should the MMTs not be able to deploy?	Yes	No			
Sub-score	____ out of 6				

Logistics related	**Responses**		**When was the last check made?**	**Score** **If "yes" is circled, record as "1"**	**Remarks**
Is the MMT equipped with recommended logistics (e.g. IEHK, PDK, ETB, etc.)?	Yes	No			
Have the drugs, medical equipment and supplies for the **first 72 hours** been checked in the **past 4 months**?	Yes	No			
Have the drugs, medical equipment and supplies for the **extended care** been checked in the **past 4 months**?	Yes	No			
Have the Team Kit List been checked in the **past 4 months**?	Yes	No			
Are there additional food and water provisioned for the team?	Yes	No			
Do you have a map and location of the pre-positioned stocks? When was the last updated copy?	Yes	No			
Are there pre-identified routes for contingency re-supply?	Yes	No			
Is there ambulance and vehicle standby for the MMT to respond	Yes	No			
Sub-score	____ out of 8				

Readiness Condition (REDCON) Status	**Overal l Score**	**Remarks / Actions to improve**
Status 3 - There is a need to rectify actions as soon as possible AND/OR at least 2 weeks before the cyclone season	0 to 8	
Status 2B - Moderate actions are required to rectify the actions as soon as possible AND/OR at least 2 weeks before the cyclone season	9 to 14	
Status 2A - Minor actions are required to rectify the actions as soon as possible AND/OR at least 2 weeks before the cyclone season	15 to 20	
Status 1 - Team is basically ready to go but with minimal actions to improve. To focus on rectifying action points in the checklist that are not completed.	21 to 24	

Annex H: MMT Traffic Signal Mechanism



Annex I: MMT training content

Training content

A 2-day long training package has been designed for MMTs.

Training delivery timeline

Phase 1: 1-2 staff members from each MMT

Phase 2: MMT level roll out training by the trained MMT staff

Phase 3: Simex field training

Day 1:

Time	Contents
8.30 – 9.00	Registration; Introduction
9.00 – 9.30	Opening speech; Introduction
9.30 – 10.30	Overview of Disaster situation in Cox's Bazar Update on recent disasters, fire, monsoon, outbreaks.
10.30 – 10.45	**BREAK**
10.45 – 11.30	Overall disaster response and coordination system in the refugee camps
11.30 – 12.15	Overview of MMT Operational plan, coordination and response
12.15 – 13.00	Incident command system Emergency Telecommunication System
13.00 – 14.00	**LUNCH BREAK**
14.00 – 15.30	MHPSS including PFA
15.30 – 15.45	**BREAK**
15.45 – 16.30	Protection mainstreaming
16.30 – 17.30	Logistics for MMT response (practical demonstration) Maintaining the MMT response kits
17.30 – 18.00	Traffic signal mechanism for MMT preparedness Checklist for MMT preparedness
18.00 – 18.30	Review and wrap up

Day 2:

Time	Contents
8.00 – 8.30	Review of last days work
8.30 – 9.15	EWARS and MMTs
9.15 – 10.45	Patient Referral System and DRU Mass casualty incidence management Triage overview
10.30 – 10.45	**BREAK**
10.45 – 12.00	Primary Survey Shock, bleeding control, special wounds Fracture immobilization, snake bite, burn Skill exercises: Shock, bleeding control, special wounds Fracture immobilization, snake bite, burn
12.00 – 12.30	Burn management
12.30 – 13.30	Emergency telecommunication system Recap – safety and security in emergency
13.30 – 14.30	**LUNCH BREAK**
14.30 – 16.30	Practical demonstration (Break in between): • START triage • Emergency patient care at MMT setting • Patient stabilization and transfer • Emergency Telecommunication
16.30 – 18.30	Mass casualty response – simulation exercise
16.30 – 16.45	Conclusion and wrap up

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