

APPENDIX K

MEDICAL MISSION RECONNAISSANCE CHECKLIST

SAMPLE FORMAT

K-1. General

a. The individual medical mission under a HCA program requires comprehensive planning and prior coordination to ensure success. This appendix provides a 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. The checklist, therefore, should be modified to conform to the health care delivery system in the AO.

K-2. Sample Medical Mission Reconnaissance Checklist

Name of Village _____
 Grid _____
 Sheet # _____

A. Resources Available in Village and Surrounding Vicinity.

1) Communications means and accessibility.

a. Communications means: Telephone _____ Telegraph _____ Other _____

b. Type of road network: Paved _____ Dirt _____ Path _____

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: _____

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*Terms for these individuals or organizations may vary between health care delivery systems.

c. Number and type of staff (to include specialties): _____

(1) *Name of the head nurse: _____

(2) *Name of the health promoter: _____

(3) Other: _____

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: _____

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. _____

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: _____

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- 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/TVs: _____
- e. Stores: _____
- f. Crops: _____

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- g. Main food sources: _____
- h. Main sources of income: _____
Average family income: _____

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) Other: _____
- c. Travel time: _____

2) Ground.

- a. Type of vehicle: _____
- b. Travel time: _____
- c. Special requirements (such as snow chains): _____

- d. Other: _____

D. Security Information.

- 1) Threat: _____

- 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. _____

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F. Items Required to Support Mission.

G. Photographs of Significant Features and People.

- H. Assessment Made by: OIC/NCOIC _____
Physician/nurse _____
Others _____

I. Expected Date of Mission. _____