



EMERGENCY HEALTH UNIT (EHU)



EHU FIELD HOSPITAL TEAM

Summary	Field Hospital In-patient (and Out-patient) Modular Units
Descriptor	<p>A dedicated pre-positioned and rapidly deployable field hospital capability, that can provide inpatient, CEmONC surgical, emergency and outpatient care, as various modulated units (i.e., that can be reconfigured), dependent on the identified need and include (though are not limited to) the following options:</p> <ul style="list-style-type: none"> (1) Specialist maternal, new-born and child health inpatient unit: with emergency care, outpatient’s services and a CEmONC surgical capability (see infographic for an overview). (2) Acute medical admissions inpatient unit: for adult and paediatric patients with emergency care and outpatients (+ / - a CEmONC capability). (3) Specialist outbreak inpatient unit: for case management of adult and paediatric patients’ during various disease outbreak scenarios, such as Cholera, COVID-19, measles etc. (4) Type I fixed facility (x 2): with emergency care, stabilisation, outpatients, BEmONC and short stay observation and a small disease outbreak unit.
Service Provision	<ul style="list-style-type: none"> • 24 hrs / 7-day week triage, emergency care and stabilisation of patients (+/- transfer). • Daylight hours / 7-day week outpatient department (OPD) for adults and children. • BEmONC with x 2 delivery beds. • In-patient bed capacity x 25 beds (+ 2-4 x neonatal beds). • CEmONC surgical capability x 1 OT (for option 1 & 2 only).
Self-sufficiency	<ul style="list-style-type: none"> • Equipment, medical consumables (inc. pharmaceuticals) and non-medical consumables are pre-positioned (i.e. modulated) and ready to deploy to cover the expected service provision and length of deployment. • Tented infrastructures that are suitable for austere environment and field hospital scenarios. • Power source x 2 60 KVA generators • Water treatment & storage max. 60,000 litres (+6,000 litres water bladder for trucking) • Fuel bladder (2,000 litres)
Capacity Building	Staffing requirements are a mix of the core EHU Field Hospital Team, pre-vetted and approved roster members, alongside identified country office or MoH staff counterparts under training / mentorship.
Length of Deployment	Maximum 12-week deployment (+ / - 4 weeks), with a graduated transition and handover process. Shorter 4 – 6-week surge deployment for the acute phase set up.

Save the Children

Save the Children's ready-to-deploy

FIELD HOSPITAL

Maternal, Newborn and Child Hospital

Save the Children's Emergency Health Unit has four rapid response teams who deliver life-saving healthcare for children and their families caught up in catastrophic natural disasters, brutal conflicts, and fast-spreading disease outbreaks.

The Emergency Health Unit's ready-to-deploy field hospital is designed to provide acute lifesaving services when health care systems are overwhelmed or when healthcare facilities have been destroyed or are inaccessible.

Depending on the crisis and children's needs, the field hospital can be deployed as either a specialist 24/7 Maternal, Newborn and Child Hospital or an Isolation and Treatment Centre during outbreaks for patients with infectious diseases, such as cholera, measles or Covid-19.

KEY SERVICES:

- Emergency care and trauma stabilisation unit
- Outpatients, including ante-natal and post-natal clinics (daylight hours only)
- Short stay observation area
- Dedicated isolation and treatment area
- Paediatric inpatient ward for children and neonates with acute medical needs
- Maternity unit for the management of safe deliveries
- Maternity inpatient ward for acutely unwell or complicated maternal cases
- Operating theatre for emergency surgical obstetric cases (i.e. c-sections)
- Basic laboratory and blood transfusion

CAPACITY:

- Operates 24 hours a day, 7 days a week
- 100 outpatient consultations per day
- 20 maternal outpatient consultations per day
- 5 emergency surgical obstetrical procedures per day
- 2 emergency care/trauma stabilisation cases per day

BEDS:

- 25 in-patient beds
- 4 neonatal beds
- 2 delivery beds



Introduction

The EHU field hospital overall site footprint and capability, has been designed and built around the concept of (1) agreed thresholds of service delivery / capacity and (2) the flexibility to be able to be reconfigured to needs or request for assistance.

Self-sufficiency

The core field hospital kit, equipment, medical consumables (inc. pharmaceuticals) and non-medical consumables are held as pre-positioned stock that has been modulated and is ready to deploy to cover the expected service provision and length of deployment.

Capacity Building

The field hospitals model and way of working during implementation, is that of a dedicated training and mentorship pathway. This allows for the capacity building of identified Save the Children counterparts and / or MoH staff. This helps to facilitate a more seamless transitional exit of the EHU field hospital team from the deployed country.

	Acute Phase Deployment Scenario	Sub - Acute Phase Deployment Scenario																																																																						
Response Expectations	<ul style="list-style-type: none"> Decision to deploy – mobilise – set up 72 hrs Minimum self-sufficiency for 14 days Full direct care delivery for the first 4 weeks then → 12-week deployment +/- 4 weeks transition) 	<ul style="list-style-type: none"> Decision to deploy – mobilise – set up 2 weeks + / - self-sufficiency capability for 14 days Part direct care delivery/ part local recruitment 12-week deployment +/- 4 weeks transition) 																																																																						
Bed Capacity	<p>Type I F</p> <p>2 x Emergency Care / stabilisation beds 2 - 4 Short Stay / Observations beds + Observation area with x 4 chairs</p> <p>Note: the observation bed capacity is dependent on whether it is part of the inpatient, or a stand-alone TIF</p> <p>25 x inpatient plus 4 x neonatal and 2 x delivery beds (maximum) Note: the observation bed capacity is dependent on the No. beds used in the short stay area on deployment.</p> <table border="1" style="width: 100%; background-color: #000080; color: white;"> <thead> <tr> <th>1. Specialist Maternal, New-born & Child Health Inpatient Unit</th> <th>2. Acute Medical Admission Inpatient Unit</th> <th>3. Specialist Outbreak Inpatient Unit</th> </tr> </thead> <tbody> <tr> <td> <ul style="list-style-type: none"> 2 x short stay beds 4 x pre /post-partum beds (+ 2 x delivery) 4 x neonatal beds 6 x post op / acute maternal care beds 2 x 6 bedded wards (paediatric etc.) 1 x perioperative bed </td> <td> <ul style="list-style-type: none"> 4 x short stay beds 4 x pre /post-partum beds (+ 2 x delivery) 4 x neonatal beds 3 x 6 bedded wards (Adult M & F and paediatric) </td> <td> <p>Example: Cholera</p> <ul style="list-style-type: none"> 4 x emergency stabilisation beds 18 x severe management beds 16 x recovery beds 12 x short stay observation beds (Adult M & F and paediatric beds) </td> </tr> </tbody> </table>	1. Specialist Maternal, New-born & Child Health Inpatient Unit	2. Acute Medical Admission Inpatient Unit	3. Specialist Outbreak Inpatient Unit	<ul style="list-style-type: none"> 2 x short stay beds 4 x pre /post-partum beds (+ 2 x delivery) 4 x neonatal beds 6 x post op / acute maternal care beds 2 x 6 bedded wards (paediatric etc.) 1 x perioperative bed 	<ul style="list-style-type: none"> 4 x short stay beds 4 x pre /post-partum beds (+ 2 x delivery) 4 x neonatal beds 3 x 6 bedded wards (Adult M & F and paediatric) 	<p>Example: Cholera</p> <ul style="list-style-type: none"> 4 x emergency stabilisation beds 18 x severe management beds 16 x recovery beds 12 x short stay observation beds (Adult M & F and paediatric beds) 																																																																	
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Threshold of Care	<ul style="list-style-type: none"> Optimal new-born, child, maternal and adult emergency care and adapted ATLS provision as per WHO EMT minimum standards and as outlined with the EHU Field Hospital clinical operational procedures. No mechanical ventilation capability or inpatient critical care bed capacity (limited acute care monitoring beds) Emergency obstetric surgical care provision, up to CEmONC level only Patients requiring care beyond the agreed thresholds, will be stabilised, referred and transferred where possible 																																																																							
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