MINISTRY OF HEALTH MALAYSIA

GUIDELINES FOR

RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT)

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First Printing 2025

Guidelines for Rapid Assessment Team (RAT) and Rapid Response Team (RRT)

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FOREWORD
DIRECTOR GENERAL OF HEALTH

As we navigate the complexities of modern healthcare systems, our ability to respond swiftly and effectively to emerging health threats becomes increasingly crucial. The establishment of Rapid Assessment Teams (RATs) and Rapid Response Teams (RRTs) is a cornerstone of our preparedness and response strategies.

Recognizing and controlling health emergencies requires not only comprehensiveness but also adaptability. The ability to swiftly assess situations and allocate resources efficiently can determine whether a crisis is contained or escalates into a catastrophe. With this in mind, we introduce The Guidelines for Rapid Assessment Team (RAT) and Rapid Response Team (RRT).

· These guidelines represent the combined efforts of healthcare professionals, from Public Health Medicine Specialists to Environmental Health Officers. They provide a comprehensive framework for establishing and operating RATs and RRTs, presenting a structured plan for unified responses during health emergencies.

At their core, these guidelines transcend documentation; they serve as a commitment to the health and welfare of our communities. They reflect our unwavering dedication to maintaining the highest standards of public health practice, even in the face of the most daunting challenges.

As the Director General of Health, I extend my commendation to all who contributed to the development of these guidelines. Your commitment and expertise have played a pivotal role in shaping a resource that will undoubtedly enhance our ability to respond effectively to health emergencies.

I urge healthcare professionals at all levels to familiarize themselves with the contents of these guidelines and implement their recommendations. Let us stand together, prepared to tackle health threats with determination and unity.

DATUK DR MUHAMMAD RADZI ABU HASSAN
Director General of Health

FOREWORD
DEPUTY DIRECTOR GENERAL OF HEALTH (PUBLIC HEALTH)

In an era marked by rapid changes, uncertainty, and unprecedented challenges, the need for agile and efficient response mechanisms has never been more critical. Rapid Assessment Team (RAT) and Rapid Response Team (RRT) serve as the frontliners for preparedness and response in times of crisis, whether it be natural disasters, public health emergencies, or unforeseen events. Their ability to swiftly assess situations, mobilize resources, and execute strategic interventions is instrumental in mitigating risks, saving lives, and restoring stability to affected communities.

The guidelines represent the culmination of collective expertise, tireless dedication, and unwavering commitment from multidisciplinary teams. They embody our shared vision of fostering resilience, promoting collaboration, and ensuring the highest standards of professionalism in emergency response operations. The principles outlined herein serve as a cornerstone for effective coordination, streamlined communication, and seamless execution of tasks amidst dynamic and challenging environments.

We extend our sincere gratitude to all contributors who have played a pivotal role in the development and refinement of these guidelines. Your insights, feedback, and unwavering support have been instrumental in shaping this invaluable resource for the benefit of all.

In times of crisis, unity, preparedness, and resilience are our most potent assets. Let us remain steadfast in our commitment to excellence, solidarity, and service to humanity as we embark on this collective journey of safeguarding lives and livelihoods.

Together, we stand ready to face the challenges of tomorrow, equipped with knowledge, compassion, and unwavering resolve.

Thank you.

DATUK DR. NORHAYATI RUSLI
Deputy Director General of Health (Public Health)

ACKNOWLEDGEMENT

The development of the Guidelines for Rapid Assessment Team (RAT) and Rapid Response Team (RRT) has been a collaborative effort involving the dedication and expertise of numerous individuals and organizations. We would like to extend our heartfelt gratitude to the following:

- Expert Contributors
  We express our deepest appreciation to the experts in emergency response, disaster management, public health, and related fields who generously shared their knowledge and insights throughout the development of these guidelines. Your expertise has been invaluable in ensuring the relevance, accuracy, and effectiveness of the guidelines.

- Stakeholders and Partners
  We extend our sincere thanks to the governmental agencies, non-governmental organizations, academic institutions, and other stakeholders who provided valuable input, feedback, and support during the development process. Your collaboration and commitment to improving emergency response capabilities have been instrumental in shaping these guidelines.

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  We are grateful to the individuals and organizations who diligently reviewed and evaluated the draft guidelines, providing constructive feedback and suggestions for improvement. Your thorough assessments have contributed significantly to the refinement and enhancement of the final document.

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  We would like to acknowledge the administrative and technical support teams who facilitated the logistics, coordination, and communication throughout the development and dissemination of the guidelines. Your dedication and professionalism have been indispensable in ensuring the smooth progression of this project.

- Funding Agencies
  We acknowledge the financial support provided by funding agencies and donors that enabled the development, publication, and distribution of these guidelines. Your investment in strengthening emergency response capacities is greatly appreciated and will have a lasting impact on the resilience of communities worldwide.

- End Users
  Finally, we express our gratitude to the end users of these guidelines, including emergency responders, healthcare professionals, policymakers, and community leaders. It is your commitment to excellence and your tireless efforts to safeguard lives and livelihoods that inspire and drive our collective pursuit of preparedness and resilience.

The successful completion of these guidelines would not have been possible without the dedication, collaboration, and support of all those mentioned above. Thank you for your unwavering commitment to excellence in emergency response and for your tireless efforts to build a safer, more resilient future for all.

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ABBREVIATIONS

4WD	-	Four-Wheel Drive
AAR	-	After-Action Review
AHA	-	ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management
APSED III	-	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies III
ASEAN	-	Association of Southeast Asian Nations
CBRNe	-	Chemical, Biological, Radiological, Nuclear, and explosives
CDC	-	Communicable Disease Control
CPRC	-	Crisis Preparedness and Response Centre
DHO	-	District Health Office
DOCE	-	Disaster, Outbreak, Crisis, and Emergency
DPM	-	Deputy Prime Minister
DVS	-	Department of Veterinary Services
EMT	-	Emergency Medical Team
EMTCC	-	Emergency Medical Team Coordination Cell
Etc.	-	Et Cetera
FMS	-	Family Medicine Specialist
GIRN	-	Government Integrated Radio Network
GPS	-	Global Positioning System
IHR	-	International Health Regulation
IMS	-	Incident Management System
MCI	-	Mass Casualty Incident
MERT	-	Medical Emergency Response Team
MHPRT	-	Mental Health and Psychosocial Response Team
MHPSS	-	Mental Health and Psychosocial Support
MOH	-	Ministry of Health
MOIC	-	Medical Officer in Charge
MySED II	-	Malaysia Strategy for Emerging Diseases and Public Health Emergencies II
NADMA	-	National Disaster Management Agency
NCD	-	Non-Communicable Disease
NFU	-	National Focal Unit
OEHU	-	Occupational and Environmental Health Unit
OMC	-	On Scene Medical Commander
OSC	-	On Scene Commander
PFA	-	Psychological First Aid
PH	-	Public Health
PHEOC	-	Public Health Emergency Operations Centre
PPE	-	Personal Protective Equipment
RAT	-	Rapid Assessment Team
RRT	-	Rapid Response Team
SARS	-	Severe Acute Respiratory Syndrome
SASOP	-	Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations
SITREP	-	Situation Report
SME	-	Small and Medium-Sized Enterprises
SMS	-	Short Messaging Service
SPOTREP	-	Spot Report
TEC	-	Temporary Evacuation Centre
WASH	-	Water, Sanitation, and Hygiene

CHAPTER 1

INTRODUCTION TO THE GUIDELINES FOR RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN PUBLIC HEALTH

CHAPTER 1

INTRODUCTION TO THE GUIDELINES FOR RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN PUBLIC HEALTH

1.1   Background

Malaysia is at risk and has experienced many public health events, including outbreaks, disasters, and Chemical, Biological, Radiological, Nuclear, and explosives (CBRNe) incidents. The management of these events is supported by the commitment of dedicated teams, namely the Rapid Assessment Team (RAT) and Rapid Response Team (RRT), at district, state, and national levels. However, the existing *Infectious Diseases Outbreaks Rapid Response Manual* (2003) only focused on managing infectious disease outbreaks, such as the Nipah outbreak in 1998-1999 and SARS in 2003. Besides that, Malaysia has also witnessed many other public health events that resulted in the loss of lives, property, and economic resources. These are listed in Table 1.1 below.

Table 1.1 Public Health Events and Emergencies in Malaysia

Year	Events/ Emergencies
1998 - 1999	Nipah Encephalitis outbreak (Negeri Sembilan)
2001	Anthrax Threat/ Scare
2002 - 2004	SARS Pandemic
2004	Tsunami (Kedah and Pulau Pinang)
2009	H1N1 Pandemic
2010	Major Flood (Perlis and Kedah)
2013	Lahad Datu Incursion
2014	Middle East Respiratory Syndrome Coronavirus (MERS-CoV)
2014	Avian Influenza A (H7N9)
2014	Major Flood (Kelantan, Terengganu, Pahang, and Johor)
2014	Missing of Malaysia Airlines Flight MH370 and Malaysia Airlines Flight MH17 Plane Crash
2015	Earthquake (Ranau, Sabah)
2015	Southeast Asian Haze Affecting Several Countries including Malaysia, Brunei, Indonesia, Singapore, Southern Thailand, Vietnam, Cambodia, and the Philippines
2016, 2018, 2021	Methanol Poisoning (Selangor, Federal Territory of Kuala Lumpur and Putrajaya, Perak, and Negeri Sembilan)
2017	Rabies (Sarawak)
2019	Kim Kim River Toxic Pollution (Johor)
2019	Poliomyelitis (Sabah)
2020 - 2023	Pandemic COVID-19
2021	Major Flood (Kelantan, Federal Territory of Kuala Lumpur and Putrajaya, Melaka, Terengganu, Perak, Pahang, Negeri Sembilan, and Selangor)
2022 - 2023	Monkeypox Outbreak
2022	Batang Kali Landslide (Selangor)

As public health events become more challenging and are no longer limited to infectious disease outbreaks, it is timely for the Ministry of Health to review the Infectious Disease Outbreak Rapid Response Manual (2003) for a more effective and efficient response.

These guidelines are intended to help public health personnel understand their roles and functions in managing infectious disease outbreaks, disasters, and Chemical, Biological, Radiological, Nuclear, and explosives (CBRNe) events. The definition of outbreak, disaster, and CBRNe incidents are provided in Table 1.2.

Table 1.2 Definitions of Public Health Events

Terminology	Description
Outbreak	An increase, often sudden, in the number of cases of a disease above what is normally expected in that population in that area[1].
Disaster	A serious disruption occurring over a relatively short period of time, affecting the functioning of a community or a society as it causes widespread human, material, economic, or environmental loss which exceeds the ability of the affected community or society to cope using its own resources[2].
CBRNe	The utilization of microorganisms, toxins, genetic materials, radioactive matter, or chemicals to cause death or disease in humans, animals, or plants[2].

Source: [1]US Centres for Disease Control and Prevention (CDC); [2]World Health Organization (WHO)

In addition, these guidelines fulfill the country's commitment to the *International Health Regulations* (IHR) 2005, the *Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies* III (APSED III), and the *Malaysia Strategy for Emerging Diseases and Public Health Emergencies* II (MySED II). To meet these requirements, these guidelines have been updated to provide a uniform and holistic approach to managing outbreaks, disasters, and CBRNe events, which includes risk assessment and response.

1.2 Objective

1.2.1 General

To guide RAT and RRT teams in performing rapid risk assessments and effective responses to all public health events in order to minimize the impact on health, psychosocial well-being, and socioeconomic consequences.

1.2.2 Specific

     i.   To strengthen the roles and function of RAT and RRT.

    ii.   To provide tools for assessment and documentation for RAT and RRT in outbreak management.

    iii.   To provide tools for assessment and documentation for RAT and RRT in disaster management.

    iv.   To provide tools for assessment and documentation for RAT and RRT in Chemical, Biological, Radiological, Nuclear, and explosives (CBRNe) management.

    v.   To guide the process of mobilization and coordination of RAT and RRT.

    vi.   To enhance effective emergency and risk communication.

    vii.   To coordinate and collaborate activities with other relevant agencies, both within and outside the country in managing the public health events.

1.3 General Principle of RAT and RRT

Malaysia adopted the WHO's Incident Management System (IMS) in coordinating the central command with plans, operations, logistics, finance, administration, and risk communication in delivering public health emergency preparedness and response (Figure 1.1). The description of each level/ section is shown in Table 1.3.
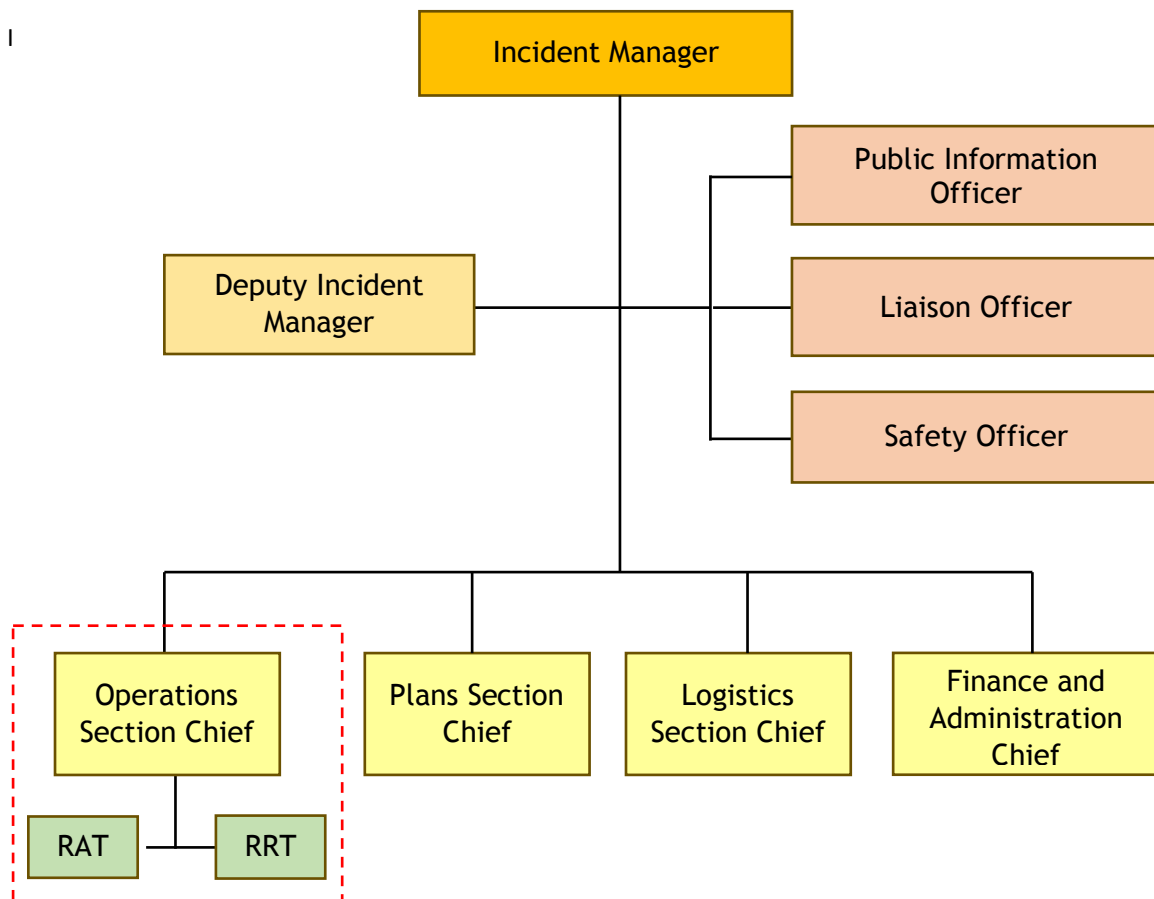
I

Incident Manager

Deputy Incident Manager

Public Information Officer

Liaison Officer

Safety Officer

Operations Section Chief

RAT — RRT

Plans Section Chief

Logistics Section Chief

Finance and Administration Chief

Figure 1.1 Incident Management System (IMS)

Table 1.3: Description of Incident Management System

LEVEL/ SECTION	DESCRIPTION
Management	An executive, strategic, operational, command, and coordination function – making decisions and coordinating.
Plans	Responsible for evaluating the situation (information gathering and analysis), predicting the evolution/ progress of the emergency, assessing the options, and keeping track of resources.
Operations	Supports the tactical application of resources (establishes tactics/ strategies and directs operational resources to achieve incident response objectives). Responsible for using resources to respond directly to the event.
Logistics	Acquires and deploys resources – procurement, distribution, maintenance, replacement, and repatriation of material and human resources, including the provision of support infrastructure and services to response staff.
Finance and Administration	Tracks expenditure, payments, and administrative services. The main objective of rapid risk assessment is to gather, assess, and document information and data to assign a level of risk for informed decision-making.

RAT and RRT conduct risk assessment and response activities, which are part of the Operations Section. The data gathered by RAT will be passed to the Plans Section for analysis and the preparation of the Spot Report (SPOTREP) for assessing the magnitude of public health events. Meanwhile, the periodic Situational Report (SITREP) will be prepared by the RRT team for further management.

The management of public health events is based on the risk management cycle, which consists of event risk assessment, control measures, evaluation, and risk communication (Figure 1.2).

Figure 1.2 Risk Management Cycle

RAT and RRT play a very important role in managing public health events and emergencies. The details of their roles, functions, tools, and mobilization will be explained in the subsequent chapters.

CHAPTER 2

ROLES AND FUNCTIONS OF RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN PUBLIC HEALTH EVENTS OR EMERGENCIES

CHAPTER 2

ROLES AND FUNCTIONS OF RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN PUBLIC HEALTH EVENTS OR EMERGENCIES

2.1 Rapid Assessment Team (RAT)

2.1.1 Definition

The Rapid Assessment Team (RAT) is a team mobilized from the nearest District Health Office (DHO) to the incident site immediately upon receiving an alert, in order to assess the situation and provide crucial information for immediate response planning.

2.1.2 Membership

The RAT should consist of a multidisciplinary team of trained personnel from various areas of expertise. The selection of team members will be determined by the following criteria:

   i.   Familiarity with the locality/ geographical area or population affected.

   ii. Knowledge of and experience with the type of public health events and emergencies.

   a.   District

   The district level RAT may comprise the following:
   - District Health Officer.
   - Epidemiology Officer.
   - Environmental Health Officer.
   - Paramedics (Nurse/ Assistant Medical Officer).
   - Other relevant technical officers (e.g., entomologist, laboratory personnel, and food technologist).
   - Non-technical: Driver.

Notes:

The district health team may come from the District Health Office and health clinics. At least two (2) technical personnel should be deployed to conduct the rapid assessment.

b. State

The state level RAT may comprise the following:
- Deputy State Health Director (Public Health).
- State Senior Principal Assistant Director of Health [Surveillance/ Communicable Disease Control (CDC)/ Non-Communicable Disease (NCD)/ Occupational and Environmental Health Unit (OEHU)/ Vector/ Primer].
- Environmental Health Officer.
- Other relevant technical officers (e.g., entomologist, laboratory personnel, and food technologist)
- Non-technical: Administrative officer and driver.

c. National

The national level RAT may comprise the following:
- Director of Disease Control.
- Deputy Director of Disease Control (Surveillance).
- Disaster, Outbreak, Crisis, and Emergency (DOCE) Management Sector/ OEHU, and other relevant sectors in Disease Control Division.
- Non-technical: Administrative officer and driver.

2.1.3 Roles and Functions

Terms of reference of RAT:

    i.   To verify the occurrence of any public health events and emergencies.

    ii.   To conduct public health events or emergencies investigation.

    iii.   To conduct risk assessment using RAT Tools Checklist (Chapter 3, 4, and 5) to determine the severity, magnitude, nature of event, mode of disease transmission (outbreak), and impact.

    iv.   To analyse and act on surveillance information concerning public health events and emergencies.

    v.   To provide information and data related for IMS team to produce summary report (SPOTREP and SITREP) and recommend priority action for immediate response within 24 hours.

    vi.   To consult the SME regarding the public health and emergency event.

    vii.   To communicate with District Health Officer.

    viii.   To assess adequacy of existing response capacity.

2.2 Rapid Response Team (RRT)

2.2.1 Definition

Rapid Response Team (RRT) is a predetermined, trained team identified based on individual expertise and experience. The team is assembled by matching expertise and event needs in order to provide rapid response in managing the public health events or emergencies.

2.2.2 Membership

a. District

The district level RRT may comprise the following:
- District Health Officer.
- Epidemiology Officer.
- Family Medicine Specialist (FMS).
- Medical Officer in Charge (MOIC).
- Environmental Health Officer
- Paramedics (Nurse/ Assistant Medical Officer).
- Health Education Officer/ Health Education Coordinator.
- Laboratory Personnel.
- District Pharmacist.
- Mental Health and Psychosocial Support (MHPSS) Team.
- Non-technical: Administrative officer and driver.

Notes:

The team may consider involvement of officers from other areas of expertise and other relevant agencies subjected to nature of the public health events.

b. State

The state level RRT may comprise the following:
- State Health Director.
- Deputy State Health Director (Public Health).
- State Senior Principal Assistant Director of Health (Surveillance/ CDC/ OEHU/ Vector/ Primer/ NCD).
- Head of FMS.
- State Public Health Engineer.
- State Health Education Officer.
- State Environmental Health Officer.
- State Chief Assistant Medical Officer.
- State Chief Nursing Officer.
- State Mental Health and Psychosocial Support (MHPSS) Team.

c. National

    The national level RRT may comprise the following:
    - Deputy Director General of Health (Public Health).
    - Director of Disease Control.
    - Deputy Director of Disease Control (Surveillance).
    - Head of DOCE Management Sector/ OEHU, and other relevant sectors in Disease Control Division.
    - National Mental Health and Psychosocial Support (MHPSS) Team.
    - Technical Working Group SME – based on the type of disaster.
    - Related Heads of Service Programme (e.g., Pharmacy, Laboratory, Food Safety, and Quality Programme).

2.2.3   Roles and Functions

Terms of reference of RRT:

i.   To provide rapid response in managing public health events or emergencies using RRT Tools Checklist (Chapter 3, 4 and 5) according to nature of the events.

ii.   To collect data from the field (various sources) e.g., number of casualties, population areas.

iii.   To implement control and preventive measures.

iv.   To provide information and report of assessment, investigation, control measures, and recommendations (SITREP) to the Incident Commander and District Operation Room.

v.   To provide psychological support as needed to victims, family members, and traumatic staffs by MHPSS team.

vi.   To monitor and evaluate the management of the public health events or emergencies.

vii.   To ensure occupational safety and health of responders (e.g., health care worker and DVS).

viii.   To engage inter-agency collaboration and cooperation.

ix.   To conduct effective risk communication.

x.   To conduct After-Action Review (AAR).

Notes:

a.   In the event of disaster/ CBRNe/ mass casualty incidents, RRT must report for duty to On Scene Commander (OSC) and On Scene Medical Commander (OMC).

b.   If the OMC is not available upon arrival, the head of RRT must take responsibility to act as OMC until the Medical Emergency Response Team (MERT) has arrived.

c.   The district may request from State CPRC or from State CPRC to National CPRC, for additional RRT if the event is out of scale and prolonged.
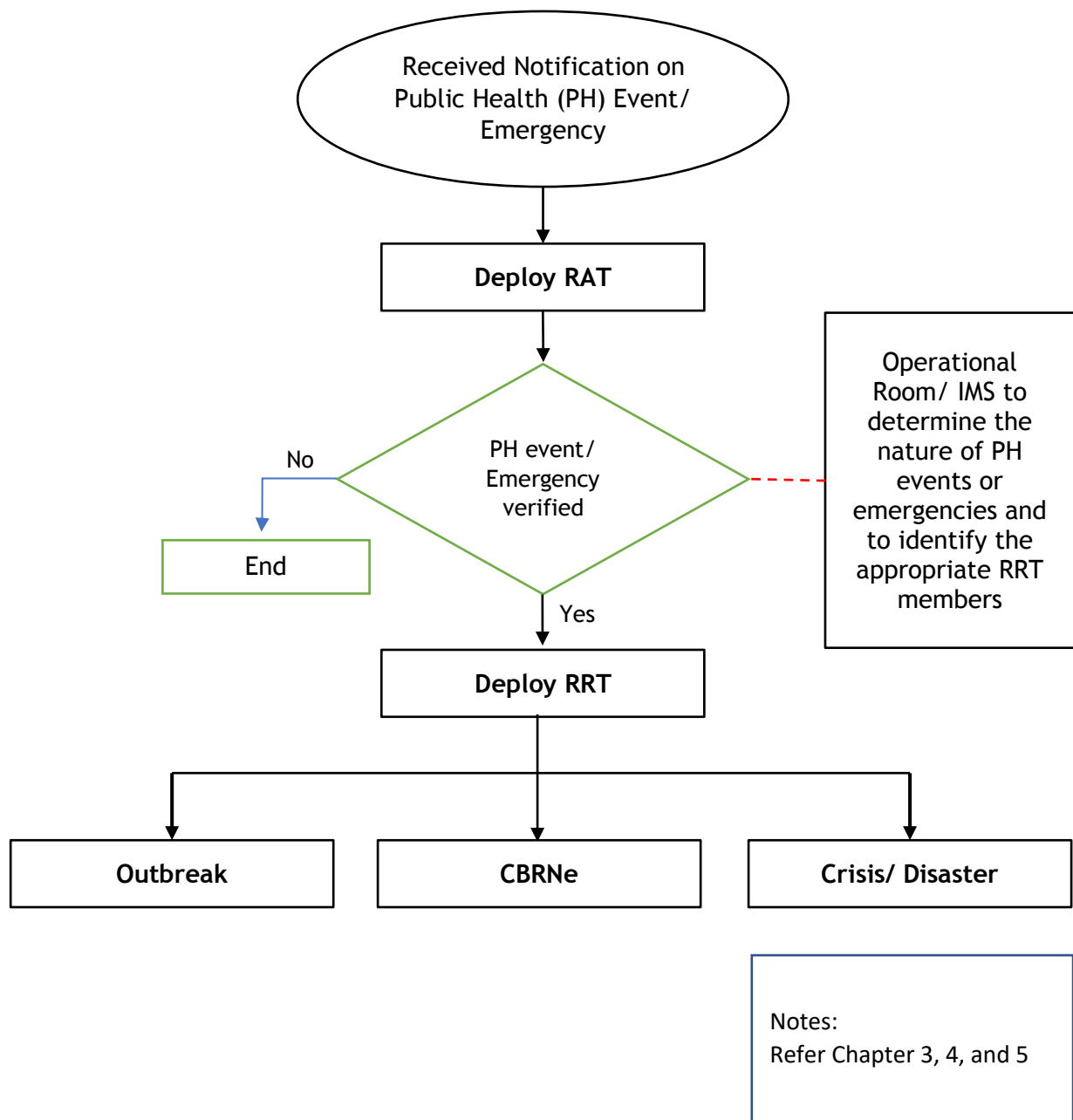
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        ┌─────────────────────────┐
        │   Received Notification  │
        │   on Public Health (PH)  │
        │     Event/ Emergency     │
        └─────────────────────────┘
                    │
                    ▼
        ┌─────────────────────────┐
        │       Deploy RAT         │
        └─────────────────────────┘
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                    ▼
              PH event/                    Operational Room/ IMS
  No ◄──────   Emergency   ───────────►    to determine the nature
              verified                     of PH events or emergencies
                │                          and to identify the
  ┌─────┐       │ Yes                      appropriate RRT members
  │ End │       ▼
  └─────┘  ┌─────────────────────────┐
           │       Deploy RRT         │
           └─────────────────────────┘
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Outbreak	CBRNe	Crisis/ Disaster

Notes:
Refer Chapter 3, 4, and 5

Figure 2.1 Workflow for RAT and RRT in Public Health Events and Emergencies
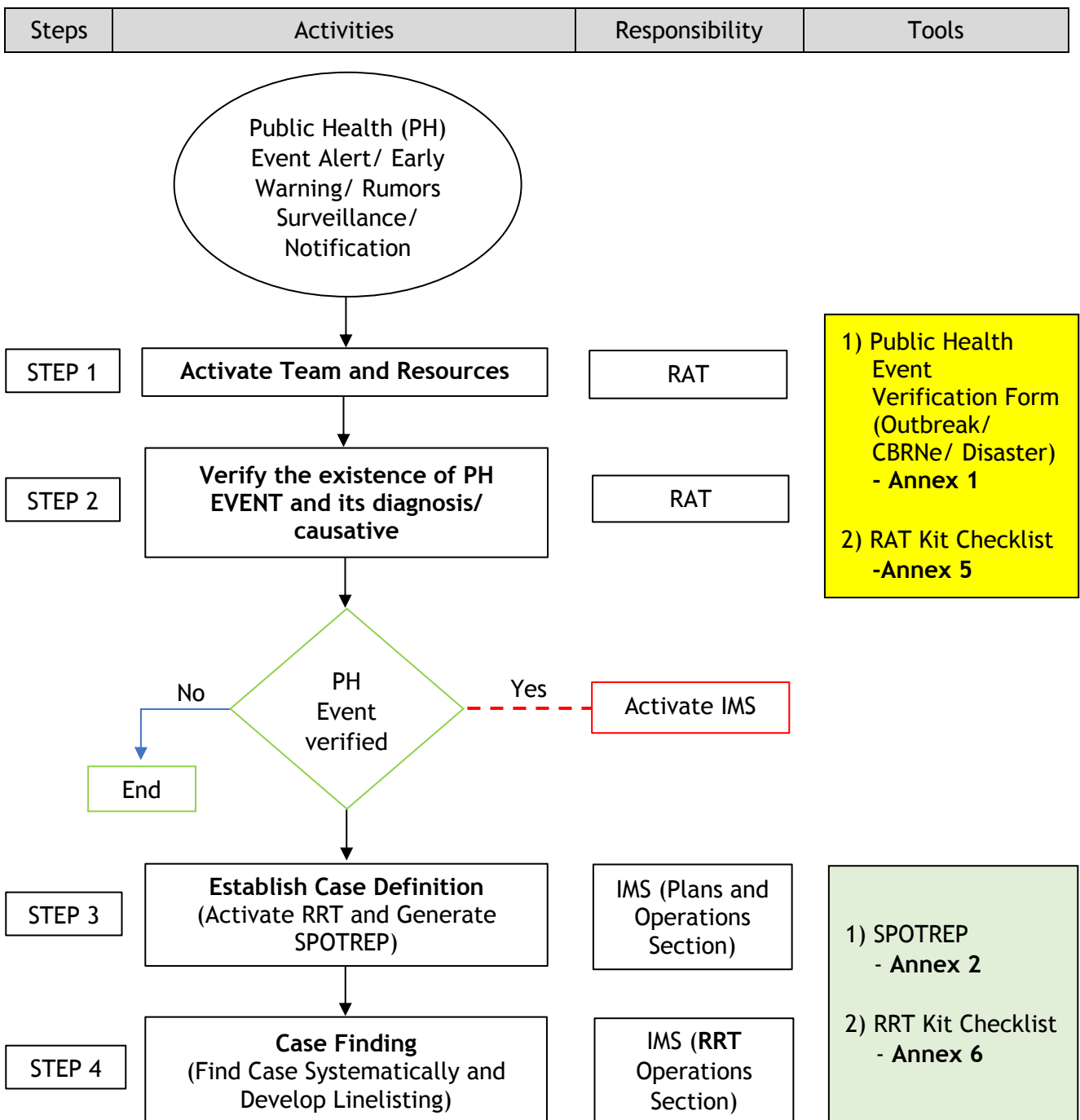
CHAPTER 3

ESSENTIAL TOOLS FOR RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN OUTBREAK INVESTIGATION

CHAPTER 3

ESSENTIAL TOOLS FOR RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN OUTBREAK INVESTIGATION

3.1   Tools for Risk Assessment Team (RAT)

Refer to Figure 3.1; the tools for RAT consist of verification form and equipment (RAT Kit). RAT tools are to be used during the first assessment of event by RAT in order to verify Public Heath (PH) event (Outbreak/ CBRNe/ Disaster).
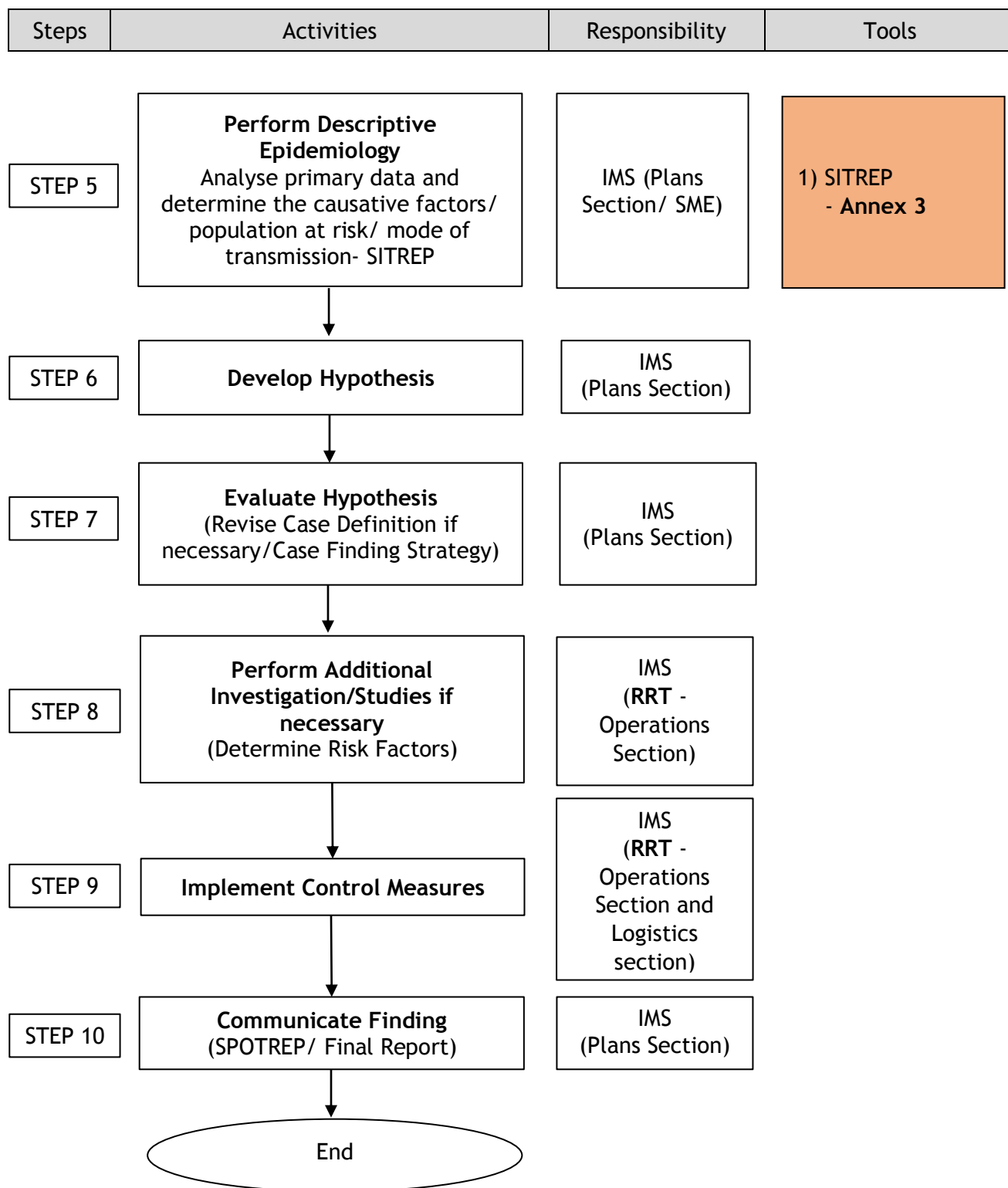
Steps	Activities	Responsibility	Tools
	Public Health (PH) Event Alert/ Early Warning/ Rumors Surveillance/ Notification		
STEP 1	**Activate Team and Resources**	RAT	1) Public Health Event Verification Form (Outbreak/ CBRNe/ Disaster) **- Annex 1**
STEP 2	**Verify the existence of PH EVENT and its diagnosis/ causative**	RAT	2) RAT Kit Checklist **-Annex 5**
	PH Event verified — No → End / Yes → Activate IMS		
STEP 3	**Establish Case Definition** (Activate RRT and Generate SPOTREP)	IMS (Plans and Operations Section)	1) SPOTREP **- Annex 2**
STEP 4	**Case Finding** (Find Case Systematically and Develop Linelisting)	IMS (**RRT** Operations Section)	2) RRT Kit Checklist **- Annex 6**

Steps	Activities	Responsibility	Tools
STEP 5	**Perform Descriptive Epidemiology** Analyse primary data and determine the causative factors/ population at risk/ mode of transmission- SITREP	IMS (Plans Section/ SME)	1) SITREP - **Annex 3**
STEP 6	**Develop Hypothesis**	IMS (Plans Section)	
STEP 7	**Evaluate Hypothesis** (Revise Case Definition if necessary/Case Finding Strategy)	IMS (Plans Section)	
STEP 8	**Perform Additional Investigation/Studies if necessary** (Determine Risk Factors)	IMS (**RRT** - Operations Section)	
STEP 9	**Implement Control Measures**	IMS (**RRT** - Operations Section and Logistics section)	
STEP 10	**Communicate Finding** (SPOTREP/ Final Report)	IMS (Plans Section)	

End

Figure 3.1 Workflow of Rapid Assessment Team (RAT) and Rapid Response Team (RRT) in Public Health Event/ Emergency (Outbreak/ CBRNE/ Disaster)

The components for RAT tools is as follows:

    i.   PH Event Verification Form (Outbreak/ CBRNe/ Disaster (**Annex 1**);

    ii.   SPOTREP (**Annex 2**); and

    iii.   RAT Kit Checklist (**Annex 5**).

Figure 3.2 Screenshot of PH Event Verification Form (Outbreak/ CBRNe/ Disaster) - **Annex 1**

Figure 3.3 Example of RAT Kit

Figure 3.4 Example of RAT kit (Inside)

RAT KIT CHECKLIST

No	ITEM	Please check (√)
FORM		
1	Verification Form (Annex 1)	
EQUIPMENT		
1	3-ply surgical mask	
2	N95 mask	
3	Surgical Gloves/ Sterile Glove	
4	Hand sanitizer	
5	Thermometer	
6	Disinfectant	
7	Stationaries/ sticker etc	

Figure 3.5 RAT Kit checklist (**Annex 5**)

3.2   Tools of Risk Response Team (RRT)

RRT tools will be used by the RRT to respond to the Public Health (PH) event, and they consist of:

  i.   Disease investigation form (according to suspected diseases outbreak);
        Please refer to respective disease outbreak guidelines

  ii.   Sitrep (**Annex 3**); and

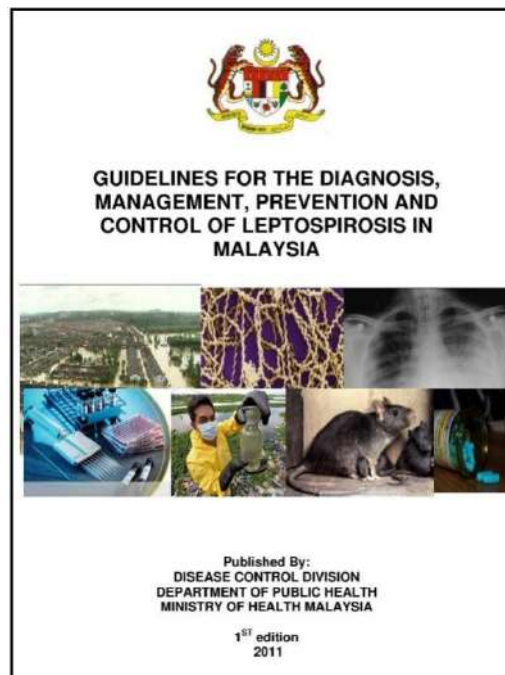 iii.   Equipment - RAT Kits (**Annex 5**).

Figure 3.6 Examples of Disease Outbreak Guidelines (Leptospirosis)

Figure 3.7 Examples of Disease Outbreak Guidelines (Food poisoning)

Figure 3.8 Examples of RRT Kit Check List

CHAPTER 4

ESSENTIAL TOOLS FOR RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVES (CBRNe) INCIDENTS

CHAPTER 4

ESSENTIAL TOOLS FOR RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN CHEMICAL, BIOLOGICAL, RADIOLOGICAL, NUCLEAR, AND EXPLOSIVES (CBRNe) INCIDENTS

4.1   Introduction

This section provides a general introduction to CBRNe, the types of Personal Protective Equipment (PPE) recommended to ensure the safety of personnel, and the tools used for the assessment of CBRNe events.

4.2   What is CBRNe?

CBRNe refers to Chemical, Biological, Radiological, Nuclear, and explosive materials or events. It is an acronym commonly used in the field of emergency management, military, and homeland security to describe a wide range of potential threats and hazards that may result from the release of dangerous materials or the use of weapons of mass destruction.

Chemical hazards include toxic gases, liquids, and solids that can cause harm to people and the environment. Biological hazards include pathogens, such as viruses and bacteria, that can cause illness and disease. Radiological hazards involve ionizing radiation from sources such as nuclear power plants or nuclear weapons. Nuclear hazards refer to the potential for the release of radioactive materials, such as from a nuclear accident or detonation of a nuclear weapon. Explosive hazards refer to the potential for the use of conventional or improvised explosive devices that can cause damage and harm to people and property.

CBRNe events require a coordinated response from emergency management agencies and other responders to mitigate the effects of the hazard and provide necessary medical treatment and other assistance to affected populations.

Examples of CBRNe event are:

i.   A chemical attack that may produce the rapid onset of severe symptoms. Many chemical agents can be readily detected and potentially identified with specialised equipment.

ii. A biological release may not be identified for some time and may only be recognised through health monitoring. The scene of any release may be unidentified.

iii. A radiological release that may be accompanied by explosives (a 'dirty bomb'), or the dispersal of radioactive particulates into the air, with no obvious sudden onset of symptoms.

iv. A nuclear attack is likely to be readily identified and result in immediate, catastrophic consequences, and has a long-lasting radiation hazard.

v. Explosives may be used as a means of dissemination for the above materials or as an additional method of attack.

4.3   Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is an important component of responding to chemical, biological, radiological, nuclear, and explosives (CBRNe) events. The type of PPE required will depend on the specific hazard present, as well as the level of exposure and risk to responders.

The following are some examples of CBRNe PPE:

i. Chemical PPE: Chemical-resistant suits made from materials such as Tyvek, butyl rubber, or neoprene can protect against chemical hazards. These suits may include gloves, boots, and a respirator to provide complete body protection.

ii. Biological PPE: PPE for biological hazards typically includes a full-body suit, gloves, boots, and a respirator. In some cases, additional protective measures such as a face shield or goggles may also be required.

iii. Radiological PPE: Protective equipment for radiological hazards may include lead aprons or vests, gloves, and respirators. Additionally, responders may use dosimeters or radiation detectors to monitor their exposure to radiation.

iv. Nuclear PPE: PPE for nuclear hazards may include full-body suits made from materials that shield against radiation, such as lead, as well as respirators and dosimeters.

v. Explosive PPE: PPE for explosive hazards may include blast-resistant clothing, such as coveralls, gloves, and helmets, as well as eye and ear protection.

It is important for responders to be properly trained in the use of CBRNe PPE to ensure that it is used effectively and safely. Additionally, regular inspection, maintenance, and replacement of PPE is necessary to ensure that it remains effective and in good working condition. At least Level B is recommended. If unavailable, RAT/ RRT personnel to use Level C with operating area up to Yellow Zone only (Figure 4.1).
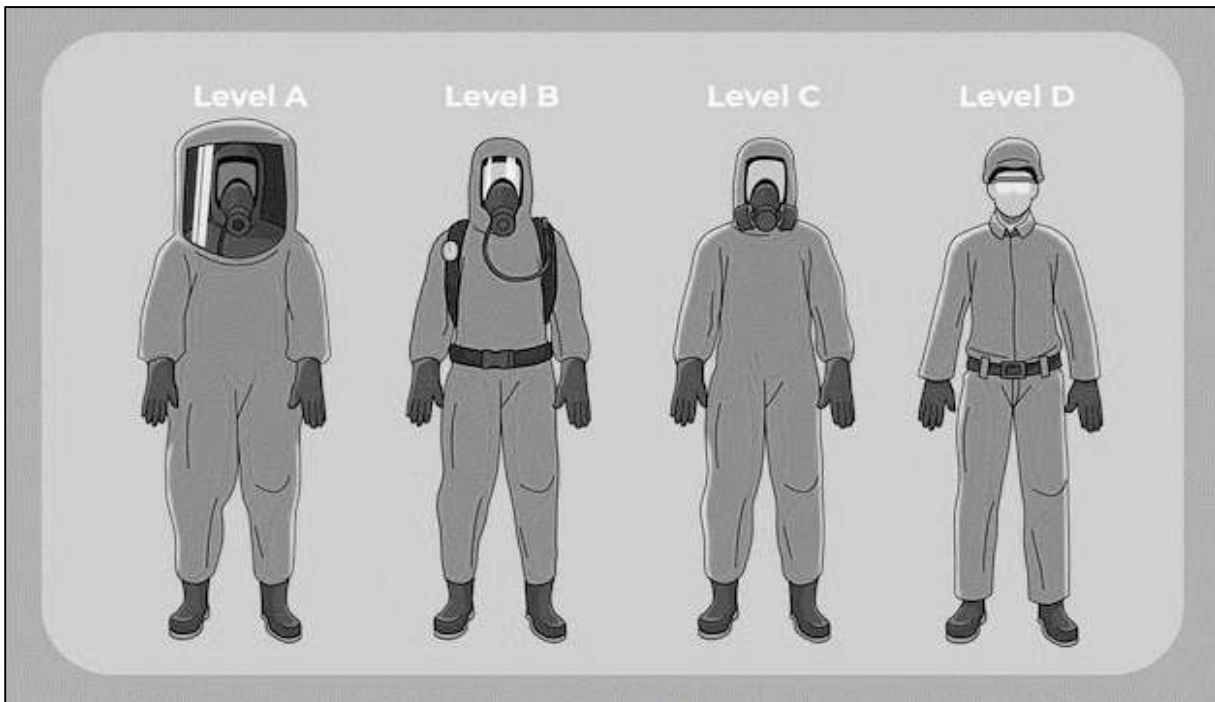
Figure 4.1 Level of Personal Protective Equipment (PPE)

4.4   Recommended Assessment Kit

Recommended assessment kit consists of a list of items to be prepared for assessment of any CBRNe event. This includes:

    i.   Digital Camera.

    ii.   Handheld Global Positioning System (GPS) Device.

    iii.   Handheld GIRN.

    iv.   Mobile phone with internet access.

    v.   Recommended PPE.

    vi.   Hand Sanitizer.

    vii.   Other Relevant Equipment.

    viii.   Investigation/ assessment form/ checklist (**Annex 7-9**).

    ix.   Stationery.

    x.   Other relevant materials.

    xi.   First Aid Kit.

CHAPTER 5

ESSENTIAL TOOLS FOR RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN DISASTER

CHAPTER 5

ESSENTIAL TOOLS FOR RAPID ASSESSMENT TEAM (RAT) AND RAPID RESPONSE TEAM (RRT) IN DISASTER

5.1   Introduction

Malaysia is located away from the Circum-Pacific Belt, rendering it safe from many disasters. However, Malaysia is still at risk of disasters and accidents caused by natural phenomena or human negligence and weaknesses, which claim lives, destroy properties, and disrupt medical and public health services. The advancement of science and technology, including globalization, has broadened the disaster field, resulting in an increased incidence of complex emergencies such as air accidents, building collapses, industrial accidents, and environmental degradation.

Malaysia has recently been in the international spotlight due to large-scale disasters, such as the disappearance of flight MH370, the shooting down of flight MH17, the unwelcome VX nerve agent incident, haze, and massive floods. Hence, disaster response management now involves not only managing the disaster and saving lives but also addressing the needs of the community and responders, as well as the adequate management of resources before, during, and after a disaster.

5.2   Definition of Disaster

A disaster is an event that constitutes a serious disruption of the functioning of a community or national affairs, involving widespread human, material, economic, or environmental losses and impacts that exceed the ability of the affected community or society to cope using its own resources and require extensive mobilization and utilization of external resources.

5.3   Classification of Disaster

    i.   Natural

        a.   Geophysical:
- Earthquake.
- Landslide.
- Tsunami.
- Volcanic activity.

        b.   Hydrological:
- Flood.
- Avalanche.

      c. Climatological:
- Extreme temperature.
- Drought.
- Wildfires.

      d. Meteorological:
- Cyclones.
- Storms.

ii. Technological or Man-Made:
    a. Complex emergencies.
    b. Conflicts.
    c. Famine.
    d. Displaced population.
    e. Industrial accidents.
    f. Transport accidents.
    g. Environmental degradation.
    h. Pollution.

5.4 Definition Based on Type of Disaster

i. Disaster as a result of Communicable Disease Outbreak/ Pandemic Event:
A disaster due to a communicable disease outbreak refers to any incident caused by a communicable disease that occurs suddenly and in an unprecedented manner, with negative implications on health, society, and the economy.

ii. Mass Casualty Incident (MCI):
MCI-linked disasters are those incidents involving a large number of victims, substantial loss of lives, and associated disruption and breakdown of health service infrastructure.

iii. Environment-linked Disaster:
Environment-linked disasters result from the ill effects of an incident or series of natural geophysical events, such as volcanic eruptions, landslides, floods, haze, storms, tsunamis, and human activities. These incidents cause disruptions to societal activities and government operations, lead to loss of lives, destruction of property, economic losses, and environmental disturbances that exceed human capacity to manage. Such disasters require action in the form of intensive resource utilization.

iv. Chemical, Biological, Radiological, and Nuclear explosives (CBRNe):
Any incident involving the use of CBRNe agents, such as chemical, biological, radioactive, or explosive materials, which can threaten the lives and health of a large number of people.

5.5   Tools for Mass Casualty Incident and Environment-linked Disaster

Component for MCI and environment-linked disasters for RAT and RRT are described in Table 5.1 and 5.2. During disaster, the RAT/ RRT team should use the specific tools to assess the disaster event (**Annex 10** and **Annex 11**).

Table 5.1 Component of RAT Assessment in MCI and Environment-linked Disaster

COMPONENT	ASSESSMENT
Type of disaster	● Natural disaster ● Man-made disaster
Security and access	● Location ● Routes to the location ● Road accessibility ● Secondary disaster (e.g., chemical fire) ● Weather conditions (e.g., rain on a landslide) ● Communication connectivity (GIRN, phone line, internet)
Population affected	● Number of people before disaster ● Number of displaced people
Community resources	● Nearest Temporary Evacuation Centres (TEC)
Mortality and morbidity	● Mortality ● Hospital admissions ● Outpatient treatment

Table 5.2 Component of RRT Assessment in MCI and Environment-linked Disaster

COMPONENT	ASSESSMENT
Security and access	● Location ● Routes to the location ● Road accessibility ● Secondary disaster (e.g., chemical fire) ● Weather condition (e.g., rain on a landslide) ● Communication connectivity (GIRN, amateur radio, internet)
Population affected	● Number of people before disaster ● Number of displaced people ● Mortality ● Hospital admissions ● Outpatient treatment ● Vulnerable groups with special needs (children, elderly, pregnant women, person with chronic illnesses including dialysis patients, and psychiatric patients)
Community resources	● Nearest TEC ● Suitability of TEC ● Disease potential in TEC (vector-borne, communicable, food and water-borne) ● Evacuation transports ● Communication (landlines, mobile phone, radio, television)
Communicable disease	● Communicable disease (airborne, food and water-borne, and zoonotic disease) ● Vector-borne disease ● Health education
Mental Health and Psychosocial Support Services	● Mental health screening of victims/ affected person ● Psychological First Aid (PFA) ● Victims referred to FMS/ Psychiatrist

Water	● Drinking water source ● Water storage ● Safe water for drinking ● Safe water for basic hygiene practice ● Potential risk of water contamination
Sanitation and Hygiene	● Shortage of functional latrine or toilet ● Problem with garbage/ waste ● Vector problem
Food and non-food items	● Safe food supply ● Food preparation ● Caloric adequacy ● Essential items for daily living (clothes, mattress, blankets etc.)
Health Facilities and Services	● Damage to health facilities structures ● Disruption to health services (antenatal, child immunization) ● Disruption to emergency medical services (include road accessibility and availability of alternative mode of transport) ● Resources (Healthcare workers, medical supplies, logistic)
Risk communication	● Verification of information ● Dissemination of information

CHAPTER 6

DEPLOYMENT

CHAPTER 6

DEPLOYMENT

6.1   National Deployment

Deployment of a Rapid Response Team (RRT) will commence upon the occurrence, or early warning, of a sudden-onset disaster in which preliminary information indicates that an RRT might be needed based on the results of a risk assessment by the District Rapid Assessment Team (RAT). National deployment refers to any deployment that takes place within the country (inter-district or interstate deployments).

Coordination of the emergency response at the DHO Operation Room (OR) shall be led by the Incident Manager. Based on the outcome of the risk assessment, the Incident Manager will decide if there is a need for assistance with resources from State CPRC.

State CPRC will coordinate the deployment of resources within the state according to the need, including the deployment of RRT and logistic support.

In situations where public health emergencies escalate or resources are exhausted, State CPRC will conduct a needs assessment. The requirement for the deployment of resources and additional support will be based on the outcome from the needs assessment.

State CPRC will communicate with the National CPRC and request assistance for national deployment if necessary. Continuous surveillance and assessment shall be carried out throughout public health emergencies.

The process flow of national deployment is as shown in Figure 6.1. Further management of the deployment can be referred to in the Guidelines of Human Resource Mobilization During Public Health Emergencies, 2025.

In situations where national deployment is inadequate or exhausted, National CPRC may request assistance from other countries (particularly ASEAN).

Notes:

a.   *All information dissemination, coordination, and requests for assistance regarding any public health emergencies/ event must go through National CPRC.
b.   * In large-scale disaster/ public health events in Malaysia, NADMA will be in charge of coordinating the deployment.
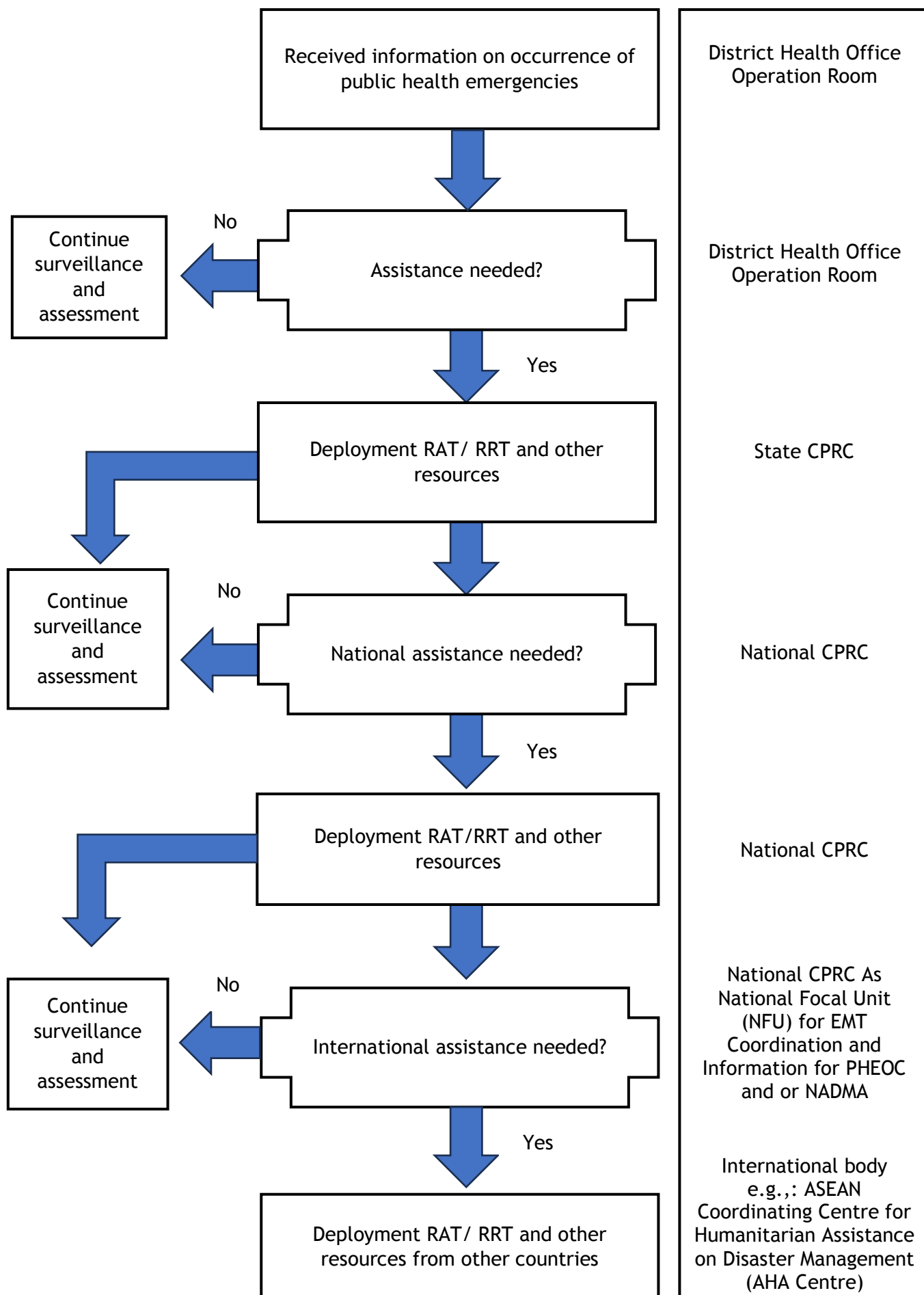
	District Health Office Operation Room

Received information on occurrence of public health emergencies — District Health Office Operation Room

Assistance needed? — District Health Office Operation Room
- No → Continue surveillance and assessment
- Yes ↓

Deployment RAT/ RRT and other resources — State CPRC
- → Continue surveillance and assessment

National assistance needed? — National CPRC
- No → Continue surveillance and assessment
- Yes ↓

Deployment RAT/RRT and other resources — National CPRC
- → Continue surveillance and assessment

International assistance needed? — National CPRC As National Focal Unit (NFU) for EMT Coordination and Information for PHEOC and or NADMA
- No → Continue surveillance and assessment
- Yes ↓

Deployment RAT/ RRT and other resources from other countries — International body e.g.,: ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre)

Figure 6.1 Process Flow of National Deployment

6.2   International Deployment

In the situations where another country requests for deployment of medical personnel, CPRC as the coordinating body for international humanitarian assistance will liaise with National CPRC in preparing for deployment of MOH personnel to the affected country. Once the deployment is approved by DPM through NADMA, the National CPRC will immediately process all the relevant documents for the deployment mission.

The process flow of international deployment is as shown in Figure 6.2. The further management of deployment can be referred to the Guidelines of Human Resource Mobilization During Public Health Emergencies, 2025.
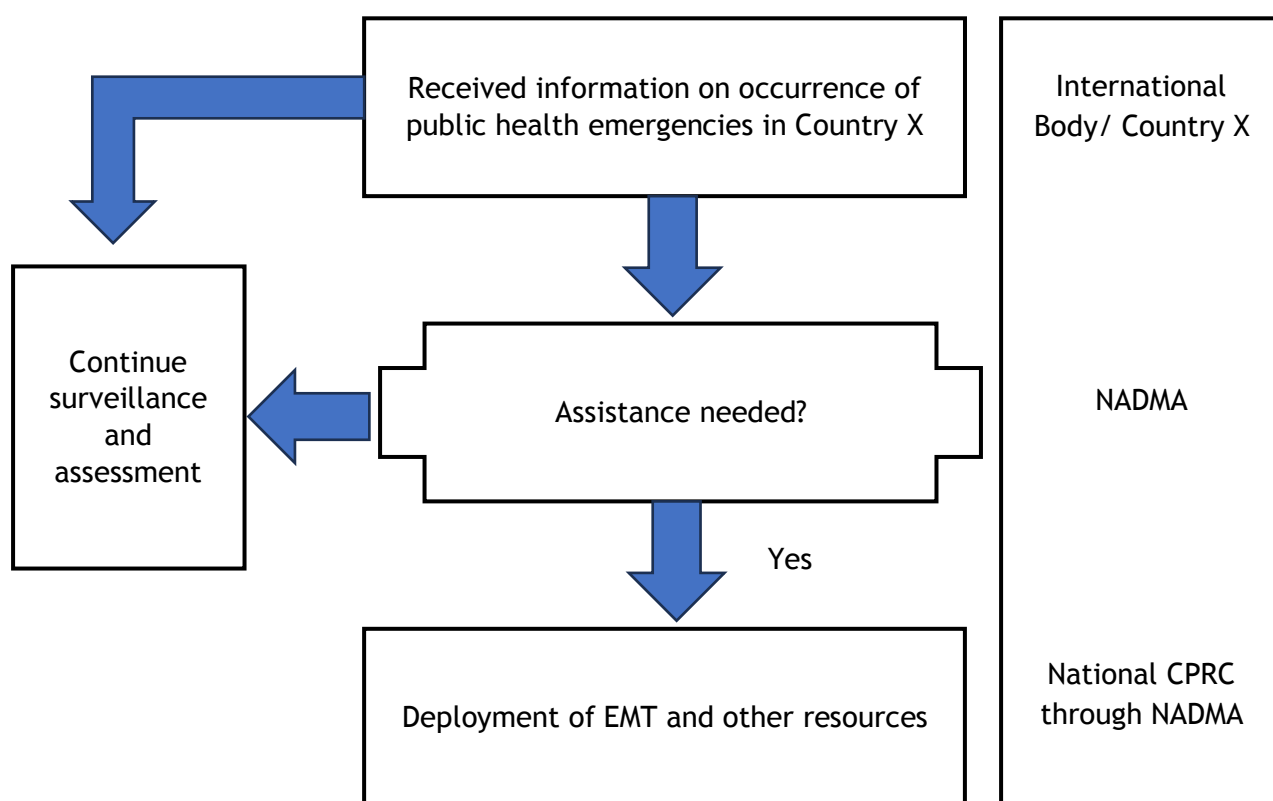
Figure 6.2 Process Flow of International Deployment to Affected Country

ANNEXES

PUBLIC HEALTH EVENT VERIFICATION FORM (OUTBREAK/ CBRNe/ DISASTER)

RAT Information			
State/ PKK/ PKB/ PKD			
Team Leader			
Phone No.		E-mail	

Site Information						
1	State		4	Village		
2	District		5	City/ Town		
3	Mukim		6	Other		
7	GPS Coordinates	Latitude:		Longitude:		

Access and Security			
8	Road access	□ Yes □ No	
9	Special arrangement required	Transportation (e.g., 4WD, boat) □ Yes. Type: _____	□ No
		Communication tool (e.g., satellite phone) □ Yes. Type: _____	□ No
10	Any other security concerns	□ Yes. Type: _____	□ No
11	Safety evaluation	Zoning demarcated	□ Yes □ No □ N/A
		Suitable PPE available	□ Yes □ No □ N/A
		Duration of exposure of RRT team	_____ min/ hour
		Decontamination done	□ Yes □ No □ N/A

Maklumat Insiden Kesihatan Awam Description of PH Event	
Apa yang berlaku? What happened?	
Terangkan bagaimana dan kenapa ia terjadi? Please describe how and why?	
Bila kejadian berlaku? *(Tarikh/ Masa)* When did this happen (Date/ Time)?	
Siapa yang terlibat? Who are affected/ infected?	
Di manakah ianya terjadi? *(Nama kampung, daerah, institusi, sekolah dan lain-lain.)* Where did this happen? (Village, district, institution, school etc.)	
Adakah ini INSIDEN KESIHATAN AWAM? Is this a PUBLIC HEALTH EVENT?	*Ya*/ Yes ☐ *Tidak*/ No ☐
Jika Ya, sila tandakan (√) If Yes, please check (√)	*Wabak*/ Outbreak ☐ CBRNe ☐ *Bencana*/ Disaster ☐

Disediakan oleh/ Prepared by:

Nama/ Name :……………………………..
Jawatan/ Position :……………………………..
Tarikh/ Date :……………………………..

SPOT REPORT (SPOTREP)

Information gathered by the RAT through the verification form will be translated into a SPOTREP by the Plans Section. The SPOTREP will be distributed by IMS staff via the fastest communication medium, such as WhatsApp, email, Short Message Service (SMS), Telegram, etc., and sent to the Incident Manager and relevant stakeholders immediately, within two (2) hours after the outbreak is verified. All SPOTREPs must be printed and included in investigation files for documentation purposes, along with the source of the information.

SPOTREP

Assalamualaikum & Salam Sejahtera,

Dato'/ Datin/ Tuan/ Puan,

Jenis insiden: Bencana/ Wabak/ Krisis/ Kecemasan

Tempat:

Tarikh dan masa terima notifikasi:
.... @ ....

Bilangan kes/ mangsa:
Perempuan:
Lelaki:
Julat umur:

Bilangan terdedah:
Perempuan:
Lelaki:
Julat umur:

Gejala/ tanda:

Bilangan dirawat:
Pesakit luar:
Pesakit dalam:
ICU:
Kematian:

Tindakan seterusnya oleh Pasukan RAT (Pegawai bertanggungjawab):

Sekian terima kasih

Nama pelapor:
Jawatan:
Tarikh: 16:47

Example of WhatsApp SPOTREP

SITUATIONAL REPORT (SITREP)

Information gathered by the RRT via the Investigation Form for a disease outbreak will be translated into a SITREP by the Plans Section. A SITREP is a priority message that provides a summary of the situation to designated decision-makers. The IMS Team must send the SITREP within 24 hours after the outbreak is declared, or as required by the disease outbreak guidelines. This report complements the SPOTREP and contains updated information gathered throughout the investigation. SITREP needs to be updated daily or as needed, depending on the urgency of the situation, until the outbreak ends. The SITREP format must contain essential and updated information suited to the outbreak events and should be created by the SME.

EXAMPLE OF SITREP FORM FOR HEALTH-RELATED EVENT

DISEASE CONTROL DIVISION
MINISTRY OF HEALTH MALAYSIA

HEALTH RELATED EVENT REPORTING FORMAT TO CPRC
FORMAT PELAPORAN KEJADIAN BERKAITAN KESIHATAN KE CPRC

Date and Time *Tarikh and Masa*	:	
What do you want to report? *Apa yang anda ingin laporkan?* **If disaster, is it**	:	Kejadian Wabak/ Krisis/ Bencana/ *Unknown cause Natural*/ MCI/ CBRNe/ Penyakit Berjangkit
What happened? *Apa yang telah terjadi?*	:	
Please describe how and why? *Terangkan bagaimana dan kenapa ia terjadi?*	:	
Describe symptoms and onset if related with the event? *Jelaskan gejala and onset jika berkaitan dengan kejadian.*	:	
When did this happen (date, month, year, time)? *Bila peristiwa ini terjadi (tarikh, bulan, tahun, masa)?*	:	
Where did this happen? (Village, district, institution, school etc.) *Di manakah ianya terjadi? (Nama kampung, daerah, institusi, sekolah dan lain-lain).*	:	

Person affected/ infected? *Orang yang terlibat?* **1) No. of victim/ exposed** *1) Bilangan mangsa/ terdedah*	:	
2) No. of family involved *2) Bilangan keluarga terlibat*	:	

3) No. of sick and Attack Rate *3) Bilangan sakit dan kadar serangan*	:	Age/ *Kumpulan Umur*	Total Case/*Jumlah Kes*	
			Male/ Lelaki	Female/ Perempuan
		0 - 1 Year/ *Tahun*		
		1 - 5 Years/ *Tahun*		
		6 - 18 Years/ *Tahun*		
		19 - 50 Years/ *Tahun*		
		>50 Years/ *Tahun*		
		Total/ *Jumlah*		
		Attack Rate/ *Kadar Serangan*		

4) No. of admission *4) Bilangan masuk wad*	:	
5) No. of treated as outpatient *5) Bilangan yang dirawat sebagai pesakit luar*	:	
6) No. of discharged *6) Bilangan discaj*	:	
7) No. of victim needing PFA *7) Bilangan mangsa perlu sokongan psikologi*	:	

Has anyone died related to event? If yes, how many? *Kematian yang melibatkan kejadian? Jika Ya, berapa?*	:	**Yes/ No** *Ya/ Tidak*
Any evacuation centre activated? How many? Where? How many victims relocated? *Pusat pemindahan dibuka? Bilangan? Di mana? Bilangan mangsa terlibat?*	:	
Assessment of any evacuation centre activated? If yes, please describe. *Penilaian pusat pemindahan dilakukan? Sila beri ulasan tentang penilaian yang dibuat.*	:	
Other information to inform. *Lain-lain maklumat yang anda ingin sampaikan* **e.g.: health facility, health care worker, tourist, another agency affected etc.** *contohnya: Adakah fasiliti kesihatan, anggota, pelancong, agensi lain terlibat.*	:	

Pasukan Bantuan diperlukan:		*Ya/ Tidak*	*Bil Pasukan*
1. Pasukan Kesihatan	:	*Ya/ Tidak*	
2. Pasukan Perubatan		*Ya/ Tidak*	
3. Pasukan MHPRT		*Ya/ Tidak*	
Report Prepared by: *Laporan disediakan oleh:* Name (*Nama*): Designation (*Jawatan*): Phone No. (*No. Telefon*): Date & time (*Tarikh & Masa*):	:		
Ulasan Peg. Kesihatan Daerah Name (*Nama*): Designation (*Jawatan*): Phone No. (*No. Telefon*): Date & time (*Tarikh & Masa*):	:		
Ulasan Peg. Ketua Petugas CPRC Negeri Name (*Nama*): Designation (*Jawatan*): Phone No. (*No. Telefon*): Date & time (*Tarikh & Masa*):	:		

RAT KIT CHECKLIST

NO.	ITEM	PLEASE CHECK (✓)
FORM		
1	Verification Form (**Annex 1**)	

NO.	ITEM	PLEASE CHECK (✓)
EQUIPMENT		
1	3-ply surgical mask	
2	N95 mask	
3	Surgical Gloves/Sterile Glove	
4	Hand sanitizer	
5	Thermometer	
6	Disinfectant	
7	Stationaries/ sticker etc.	

RRT KIT CHECKLIST

NO.	ITEM	PLEASE CHECK (✓)
FORM		
1	Investigation Form*	
2	Perintah Basmi Kuman 18(1)(c)	
3	Notis Penutupan Premis 18(1)(d)	
4	Lak Rasmi KKM	
5	Borang ujian makmal (MKAK-BPU-U01.Rev2018)	
EQUIPMENT		
1	3-ply surgical mask	
2	N95 mask	
3	Surgical Gloves/ Sterile Glove	
4	Surgical hair net	
5	Goggle/ Face shield	
6	Boot cover/ Shoe Cover	
7	Plastic Apron	
8	Biohazard Waste Bag with cable tie	
9	PPE Type C	
10	Hand sanitizer	

11	Thermometer	
12	Alcohol Swab	
13	Stationaries/ sticker etc	
OTHERS*		
1	Sample collection kit	
2	Transport medium	
3	Rapid test kit	

Notes:
   a. *Based on disease outbreak.
   b. Additional equipment based on specific diseases.

CBRNe RAT ASSESSMENT FORM

Date (DD/MM/YYYY)

i. It is NOT mandatory to fill out all the questions; only relevant and available information in the site can be collected.
ii. After the assessment, please fill out the Assessment Findings and submit it to the concerned authorities, EMTCC/ PHEOC/ MOH, etc.

RAT Information			
State/ PKK/ PKB/ PKD			
Team Leader			
Phone No.		E-mail	

Site Information					
1	State		4	Village	
2	District		5	City/ Town	
3	Mukim		6	Other	
7	GPS Coordinates	Latitude:		Longitude:	
Access and Security					
8	Road access	□ Yes □ No			
9	Special arrangement required	Transportation (e.g., 4WD, boat) □ Yes. Type: _____		□ No	
		Communication tool (e.g., satellite phone) □ Yes. Type: _____		□ No	
10	Any other security concerns	□ Yes. Type: _____		□ No	
11	Safety evaluation	Zoning demarcated		□ Yes □ No	
		Suitable PPE available		□ Yes □ No	
		Duration of exposure of RAT team		_____ min/hour	
		Decontamination done		□ Yes □ No	

OVERALL SITUATION OF THE INCIDENT SITE

1	Hazard/ Threat	
1-1	Estimated number of total populations	_____ (#)
1-2	Estimated number of deaths	_____ (#)
1-3	Any CBRNe element?	□ Chemical □ Biological □ Radionuclear □ Explosives

1-4	Estimated number of injured/ill	□ Infant and Children
		  (Under 5 years) _____ (#)
		
		□ Children and Adolescent
		  (Aged 6 - 17) _____ (#)
		
		□ Adult
		  (Older than 17 years of age)
		  _____ (#)

RAT Assessment Findings:

A CBRNe event occurred at (Site Information) involving (CBRNe Element). An estimated (Total Population) are within the affected area with estimated number of injured/ ill and death.

The area can be accessed via (road access) (type of transportation). There is (security concern). Safety evaluation indicates that (zoning demarcated), with (suitable PPE), (duration of RAT members exposure) and (decontamination done).

CBRNe RRT ASSESSMENT FORM
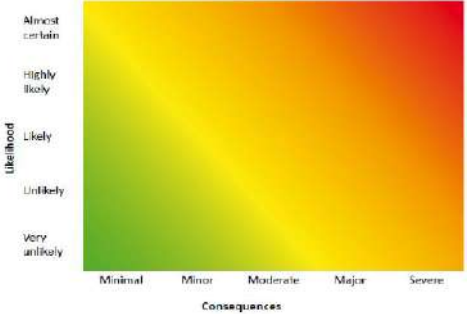
	Date (DD/MM/YYYY)

RRT Information			
State/ PKK/ PKB/ PKD			
Team Leader			
Phone No.		E-mail	

A. Site Information					
1	State		4	Village	
2	District		5	City/ Town	
3	Mukim		6	Other	
7	Location (GPS)	Latitude:		Longitude:	
Access and Security					
8	Road access	□ Yes □ No			
9	Special arrangement required	Transportation (e.g., 4WD, boat) □ Yes. Type: _____		□ No	
		Communication tool (e.g., satellite phone) □ Yes. Type: _____		□ No	
10	Any other security concerns	□ Yes. Type: _____		□ No	
11	Safety evaluation	Zoning demarcated		□ Yes □ No	
		Suitable PPE available		□ Yes □ No	
		Duration of exposure of RRT team		_____ min/hour	

1	Hazard	□ Chemical □ Biological □ Radionuclear □ Explosives
1-1	Suspected agent	
2	Exposure	
2-1	Mode/ Route of Exposure	□ Inhalation □ Ingestion □ Skin contact □ Eye contact □ Others: _____
2-2	Sign/ symptom	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
2-3	Distance of exposure	_____ m

2-4	Number of injured/ ill	□ Infant and Children
		  (Under 5 years _____ (#)
		□ Children and Adolescent
		  (Aged 6 - 17) _____ (#)
		□ Adult
		  (≥18 years of age) _____ (#)
		□ Elderly
		  (≥ 60 years of age) _____ (#)

2-5	Total number of pregnant women	_____(#)
2-6	Number of patients suffering from chronic diseases	_____(#)
2-7	Number of patients requiring dialysis	_____(#)
2-8	Number of people with mental health and psychosocial problems	_____(#)

2-9	Samples for analysis	□ None □ Blood □ Urine □ Vomitus □ Water □ Soil □ Air □ Others: _____ Sample taken by: _____ Sample sent to: _____
2-1	Outcome:	
	No. victim admitted to hospital	_____ (#)
	No. victim discharged	_____ (#)
	No. victim scheduled for follow-up	_____ (#)
	No. of patients transferred	_____ (#)
	No. of patient died in hospital	_____ (#)
	No. of responders became casualties	_____ (#)
	No. of casualties outside red zone	_____ (#)
	Others: Please lists	_____ (#)
3	Context	
3-1	Nature of Incident?	□ Natural □ Leakage □ Accident □ Deliberate □ Terrorism □ Others: _____
3-2	Likely contributing factors:	
3-3	Surroundings:	
4	Risk Characterisation	
4-1	Likelihood of Spread?	□ Very unlikely □ Unlikely □ Likely □ Highly likely □ Almost certain

4-2	Impact?	□ Minimal □ Minor □ Moderate □ Major □ Severe
4-3	Risk Matrix	
4-4	Level of Risk	□ Very High □ High □ Moderate □ Low

B. Shelter Information		
1	Shelter Name:	
2	Location of Shelter (GPS Coordinates):	
3	Type of Shelter	□ Public □ Pre-existing building □ Temporary structure □ Others (Specify) _____
4	Capacity	□ Adequate (>3.5m^2/person) □ Not adequate
5	Public Health Assessment	
Water		
5-1	Main sources of water for drinking	□ Piped Water □ Tube well □ Spring □ Bottled water □ Others _____
5-2	Main sources of water for basic hygiene practices (bathing etc.)	□ Piped water □ Tube well □ Spring □ Rainwater □ Others _____
5-3	Safe water for drinking	□ Adequate (2.5 - 3ℓ/person/ day) □ Not Adequate (Last for___day/ month)

5-4	Safe water for basic hygiene practices	□ Adequate (2-6ℓ/ person/ day) □ Not Adequate (Last for___day/ month)
5-5	Potential risk of water contamination	□ Yes (_____) □ No

Remarks/ Notes: Observation points/ Significance/ Possible action and follow-ups etc.

	Sanitation and Hygiene	
5-6	Shortage of functional latrine or toilet (20 persons/ toilet)	□ Yes □ No
5-7	Problem with garbage/ waste	□ Yes □ No
5-8	Stagnate water in the area	□ Yes □ No
5-9	Vector problem (e.g.; mosquitoes, dogs, snakes)	□ Yes □ No

Remarks/ Notes: Observation points/ Significance/ Possible action and follow-ups etc.

	Food Security and Nutrition	
5-10	Number of populations required food	_____(#)
5-11	Any food assistance since the event	□ Yes (Go to 2-12, 13) □ No (Go to 2-13)
5-12	For how long provided food sufficient	□ Days _____ □ Weeks _____
5-13	What kinds of food available or provided	□ Rice, Wheat, Noodle, etc. (Carbohydrate) □ Chicken, Other Meat, Fish, Eggs, etc. (Protein) □ Cooking oil, other fats, etc. (Fats) □ Fruits, Vegetables (Vitamin, Fiber) □ Complementary food □ Others _____ □ No food stocks

5-14	Food and Nutrition	□ Adequate a. (e.g.) People eating 3 meals a day. b. (e.g.) Babies get enough milk.
		□ Not adequate a. (e.g.) People eating smaller meals since the event. b. (e.g.) People eating fewer meals a day. c. (e.g.) People eating limited varieties of foods.
5-15	Obvious signs of undernutrition in children aged 6-59 months	□ Yes □ No

Remarks/ Notes: Observation points/ Significance/ Possible action and follow-ups etc.

6	Health Facilities and Services			
Type of Facility (Name of Facility)		Hospital ( )	Primary Care Unit (e.g.) ( )	Other ( )
6-1	Impact on Health Facilities	□ Functioning □ Partially functioning □ Not functioning	□ Functioning □ Partially functioning □ Not functioning	□ Functioning □ Partially functioning □ Not functioning
6-2	Is the health facility accessible?	□ Yes, by what means? (_____) □ No	□ Yes, by what means? (_____) □ No	□ Yes, by what means? (_____) □ No
6-3	Availability of:			
	Electricity	□ Yes □ No	□ Yes □ No	□ Yes □ No
	Water	□ Yes □ No	□ Yes □ No	□ Yes □ No
	Medical Gas	□ Yes □ No	□ Yes □ No	□ Yes □ No
	Communication	□ Yes □ No	□ Yes □ No	□ Yes □ No
	Transportation	□ Yes □ No	□ Yes □ No	□ Yes □ No

6	Health Facilities and Services			
6-4	Availability of:			
Essential Drugs	□ Yes □ No (_____)	□ Yes □ No (_____)	□ Yes □ No (_____)
Vaccines	□ Yes □ No (_____)	□ Yes □ No (_____)	□ Yes □ No (_____)
Medical Equipment	□ Yes □ No (_____)	□ Yes □ No (_____)	□ Yes □ No (_____)
Medical Supplies	□ Yes □ No (_____)	□ Yes □ No (_____)	□ Yes □ No (_____)
Others: (_____)	□ Yes □ No (_____)	□ Yes □ No (_____)	□ Yes □ No (_____)
6-5	Health Staff Working *Please check either (#) or (%)/or both only if possible.*			
Doctor	_____ persons (#)	_____ persons (#)	_____ persons (#)
	□ < 50%　□ > 50%	□ < 50%　□ > 50%	□ < 50%　□ > 50%
Nurse	_____ persons (#)	_____ persons (#)	_____ persons (#)
	□ < 50%　□ > 50%	□ < 50%　□ > 50%	□ < 50%　□ > 50%
Pharmacist	_____ persons (#)	_____ persons (#)	_____ persons (#)
	□ < 50%　□ > 50%	□ < 50%　□ > 50%	□ < 50%　□ > 50%
Lab technician	_____ persons (#)	_____ persons (#)	_____ persons (#)
	□ < 50%　□ > 50%	□ < 50%　□ > 50%	□ < 50%　□ > 50%
Midwife	_____ persons (#)	_____ persons (#)	_____ persons (#)
	□ < 50%　□ > 50%	□ < 50%　□ > 50%	□ < 50%　□ > 50%
Community Health Worker	_____ persons (#)	_____ persons (#)	_____ persons (#)
	□ < 50%　□ > 50%	□ < 50%　□ > 50%	□ < 50%　□ > 50%

6	Health Facilities and Services

Remarks/ Notes

C. Critical Areas for Action

Additional assistance required (if yes, please check ✓ the box (es) below.

□	Health	◇	Communicable Diseases	◇	Child Health	◇	Sexual and Reproductive Health	□	Others: ( )
		◇	MHPSS*	◇	Non-Communicable Diseases	◇	Other health issue		
□	WASH**	□	Food Security	□	Shelter	□	Nutrition		

Notes:
- a. *MHPSS: Mental Health and Psychological Support
- b. **WASH: Water, Sanitation, and Hygiene

D. Risk Communication
(RRT members shall not disclose information prior to consent from operation room at DHO)

1	Have all of the facts been received, verified, clarified, and checked for accuracy?	□ Yes	□ No
2	Has the Operation Room at DHO been notified?	□ Yes	□ No
3	Has the consent to disclose information been obtained from Operation Room at DHO?	□ Yes	□ No

RRT Assessment Findings:

A CBRNe event occurred at (Site Information) involving (suspected agent). The area can be accessed via (road access) (type of transportation). There is (security concern). Safety evaluation indicates that (zoning demarcated), with (suitable PPE), (duration of RRT members exposure), and (decontamination done).

Exposure assessment suggests possible (mode/ route of exposure) with victims showing (signs and symptoms). The (distance of exposure is estimated to be). A total (number of injured/ ill). There are also (number of pregnant women, patients with chronic diseases, patients requiring dialysis, number of people with mental health, and psychosocial problem) in the affected area. Samples taken by and sent to. (Outcome)

The nature of incident, likely contributing factors, surroundings of the area.

The likelihood of spread and impact. According to risk matrix, the level of risk.

There is a shelter information.

Public health assessment:

Water

Sanitation and Hygiene

Food security and nutrition

Health Facilities and Services

Critical Areas for Action include

Risk communication

- Verification of information
- Dissemination of information

DISASTER/ MCI RAT ASSESSMENT FORM

Date
(DD/MM/YYYY)

i. It is NOT mandatory to fill out all the questions; only relevant and available information in the site can be collected.

RAT Information					
State/ PKK/ PKB/ PKD					
Team Leader					
Phone No.			Email		
Disaster/ MCI Information					
Type of Disaster/ MCI?			□ Natural		
			□ Man-made		
1	State		4	Village	
2	District		5	City/ Town	
3	Mukim		6	Other	
7	Location (GPS)	Latitude:	Longitude:		
Access and Security					
8	Road access	□ Yes		□ No	
9	Special arrangement required	Transportation (e.g., 4WD, boat)			
		□ Yes		□ No	
		Communication tool (e.g., satellite phone)			
		□ Yes		□ No	
10	Any other security concerns/ secondary disaster	□ Yes		□ No	
11	Type of Hazard*	□ Chemical □ Biological □ Radionuclear			
12	Weather condition	_____ (example heavy rain, extreme temperature)			
13	Communication connectivity	□ GIRN □ Phone line □ Internet			

Notes:
  a. *Please refer to CBRNe Chapter

	Population Affected	
14	No. population before disaster/ MCI	_____ (#)
15	Estimated number of total populations affected	_____ (#)
16	Estimated number of deaths	_____ (#)
17	Estimated number of injured/ ill	_____ (#)
18	Estimated number of admissions to hospital	_____ (#)
19	Estimated number of outpatient treatment	_____ (#)
20	Availability of Temporary Evacuation Centres (TEC) at the disaster site	□ Yes □ No

Summary of assessment Findings:

(To be filled by RAT team leader)

Prepared by:
Name:
Designation:
Date and Time:

Recommendation for further action:

(To be filled by Medical Officer/ Public Health Medicine Specialist)

Verified by:
Name:
Designation:
Date and Time:

DISASTER/ MCI RRT ASSESSMENT FORM

	Date (DD/MM/YYYY)

RRT Information	
State/ PKK/ PKB/ PKD	
Team Leader	
Phone No.	E-mail

Site Information					
1	State		4	Village	
2	District		5	City/Town	
3	Mukim		6	Other	
7	Location (GPS)	Latitude:		Longitude:	
Access and Security					
8	Road access	□ Yes □ No			
9	Special arrangement required	Transportation (e.g., 4WD, boat)			
		□ Yes		□ No	
		Communication tool (e.g., satellite phone)			
		□ Yes		□ No	
10	Any other security concerns/ Secondary disaster	□ Yes		□ No	
11	Type of Hazard*	□ Chemical □ Biological □ Radionuclear			
12	Weather condition	_____ (example heavy rain, extreme temperature)			
13	Communication connectivity	□ GIRN □ Phone line □ Internet			

Notes:
*Please refer to CBRNe Chapter

Population Affected		
14	Number of deaths	_____ (#) (Details to be referred to linelisting)
15	Number of injured/ ill	_____ (#) (Details to be referred to linelisting)
16	Estimated number of admissions to hospital	_____ (#) (Details to be referred to linelisting)
17	Estimated number of outpatient treatment	_____ (#) (Details to be referred to linelisting)
18	Total number of pregnant women	_____ (#) (Details to be referred to linelisting)
19	Number of patients suffering from chronic diseases	_____ (#) (Details to be referred to linelisting)
20	Number of patients requiring dialysis	_____ (#) (Details to be referred to linelisting)
21	Number of psychiatric patients	_____ (#) (Details to be referred to linelisting)
22	Number of bed-ridden person	_____ (#) (Details to be referred to linelisting)

Community Resources (TEC)		
23	Number of TEC	
24	TEC Name List	
25	Suitability	□ Yes □ No
26	Disease potential in TEC	□ Vector-borne □ Communicable □ Food and water-borne
27	Evacuation transports	_____ (#)
28	Communication connectivity	□ GIRN □ Phone line □ Internet

	Public Health Assessment	
	Communicable Disease	
29	Risk of communicable disease	□ Airborne □ Food and water-borne □ Zoonotic disease □ Vector-borne disease (If any, for further assessment)
	Mental Health and Psychosocial Support Services	
30	Number of victims requiring mental health screening	_____ (#) (Details to be referred to linelisting)
31	Number PFA provided	_____ (#) (Details to be referred to linelisting)
32	Number of victims referred to FMS/ Psychiatrist	_____ (#) (Details to be referred to linelisting)
	Water	
33	Main sources of water for drinking	□ Piped water □ Tube well □ Spring □ Bottled water □ Others: _____
34	Main sources of water for basic hygiene practices (bathing etc.)	□ Piped water □ Tube well □ Spring □ Rainwater □ Others: _____
35	Safe water for drinking	□ Adequate (2.5-3ℓ/person/day) □ Not (Last for____day/month) Adequate
36	Safe water for basic hygiene practices	□ Adequate (2-6ℓ/person/day) □ Not (Last for____day/month) Adequate
37	Potential risk of water contamination	□ Yes (_____) □ No

	Sanitation and Hygiene		
38	Shortage of functional latrine or toilet (20 persons/ toilet)	□ Yes	□ No
39	Problem with garbage/ waste	□ Yes	□ No
40	Vector problem (e.g., mosquitoes, dogs, snakes)	□ Yes	□ No

	Food Security and non-food items	
41	Number of populations required food	_____ (#)
42	Any food assistance since the event	□Yes (Go to 2-12, 13) □ No (Go to 2-13)
43	For how long provided food sufficient	□ Days _____ □ Weeks _____
44	What kinds of food available or provided	□ Rice, Wheat, Noodle, etc. (Carbohydrate) □ Chicken, Other Meat, Fish, Eggs, etc. (Protein) □ Cooking oil, other fats, etc. (Fats) □ Fruits, Vegetables (Vitamin, Fiber) □ Complementary food □ Others: _____ □ No food stocks
45	Food and Nutrition	□ Adequate a. e.g., People eating 3 meals a day. b. e.g., Babies get enough milk. □ Not adequate a. e.g., People eating smaller meals since the event. b. e.g., People eating fewer meals a day. c. e.g., People eating limited varieties of foods.
46	Obvious signs of under-nutrition in children aged 6 to 59 months	□ Yes □ No
47	Essential items for daily living - clothes, mattress, blankets, etc	□ Yes □ No

Health Facilities and Services			
48	Type of Facility (Name of Facility)	Primary Care Unit e.g., ( )	Others: ( )
49.	Impact on Health Facilities	□ Functioning □ Partially functioning □ Not functioning	□ Functioning □ Partially functioning □ Not functioning
50	Is the health facility accessible?	□ Yes, by what means? (_____) □ No	□ Yes, by what means? (_____) □ No
51	Availability of:		
Electricity		□ Yes □ No	□ Yes □ No
Water		□ Yes □ No	□ Yes □ No
Medical Gas		□ Yes □ No	□ Yes □ No
Communication		□ Yes □ No	□ Yes □ No
Transportation		□ Yes □ No	□ Yes □ No
52	Availability of:		
Essential Drugs		□ Yes □ No	□ Yes □ No
Vaccines		□ Yes □ No	□ Yes □ No
Medical Equipment		□ Yes □ No	□ Yes □ No
Medical Supplies		□ Yes □ No	□ Yes □ No
Others: (_____)		□ Yes □ No	□ Yes □ No
53	Health Staff Working *Please check either (#) or (%) or both only if possible.*		
Doctor		_____persons (#)	_____persons (#)
		□ < 50% □ > 50%	□ < 50% □ > 50%
Nurse		_____persons (#)	_____persons (#)
		□ < 50% □ > 50%	□ < 50% □ > 50%
Pharmacist		_____persons (#)	_____persons (#)
		□ < 50% □ > 50%	□ < 50% □ > 50%
Lab technician		_____persons (#)	_____persons (#)
		□ < 50% □ > 50%	□ < 50% □ > 50%
Midwife		_____persons (#)	_____persons (#)
		□ < 50% □ > 50%	□ < 50% □ > 50%
Community Health Worker		_____persons (#)	_____persons (#)
		□ < 50% □ > 50%	□ < 50% □ > 50%

Risk Communication		
54	Have all of the facts been received, verified, clarified and checked for accuracy?	□ Yes □ No
55	Has the senior management group been notified?	□ Yes □ No
56	Has jurisdiction over information been established?	□ Yes □ No
57	Was the information released to other groups?	□ Yes □ No

Checklist for Action								
Additional assistance required [if yes, please check ✓ the box (es) below] (To be filled by RRT Team Leader)								
□	Health	◇	Communicable Diseases	◇	Child Health	◇	Sexual and Reproductive Health	
		◇	MHPSS*	◇	Non-Communicable Diseases	◇	Other health issue	
□	WASH**	□	Food Security	□	Shelter	□	Nutrition	□ Other ( )

Notes:

    a.   *MHPSS: Mental Health and Psychological Support
    b.   **WASH: Water, Sanitation, and Hygiene

Summary of assessment Findings:

(To be filled by RRT team leader)

Prepared by:
Name:
Designation:
Date and Time:

Recommendation for further action:

(To be filled by Medical Officer/ Public Health Medicine Specialist)

Verified by:
Name:
Designation:
Date and Time:

REFERENCES

1.   Guidelines of Human Resource Mobilization During Public Health Emergencies, 2025.

2.   Standard Operating Procedure for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP).