

**ACMM**  
**Standard Operating Procedures for Humanitarian Assistance and Disaster Relief**  
**Operations (SOP- 002 for HADR) Under Crisis Situations**

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**A. Introduction**

Medical services in support of humanitarian assistance and disaster relief operations (HADR) have consistently been bounded by obstacles that inevitably impede immediate response to crisis situations.

The Ministry of Defence of the Kingdom of Thailand and the Ministry of Defence of the Russian Federation, as the Co-chairs of the ASEAN Defence Ministers' Meeting-Plus Experts' Working Group on Military Medicine (ADMM-Plus EWG on MM) presented a Three-Year Work Plan of EWG on MM (Year 2014-2016) which was adopted by the ASEAN Defence Senior Officials' Meeting-Plus (ADSOM-Plus) at Nay Pyi Taw, the Republic of the Union of Myanmar in April 2014. The Meeting reached a consensus that the Co-chairs of the EWG on MM were to establish the ASEAN Center of Military Medicine (ACMM).

In March 2015, the Concept Paper on the Establishment of the ACMM was adopted during the 9<sup>th</sup> ADMM at Langkawi, Malaysia. The objective is for ACMM to serve as a coordinating center for military medical services amongst the ASEAN Member States and the Plus countries.

Within this regard, the ACMM is anticipated to bring forth the readiness of military medical services to support operations under crisis situations.

This SOP shall be read with SOP-001, TOR, and SA-SOP

**B. Scope**

- a. This SOP will only be utilized in the medical operations to support the HADR missions under crisis situations in coordination with the related agencies or organisations.
- b. The related agencies or organisations will consist of
  - I) ASEAN Coordinating Centre for Humanitarian Assistance on disaster management (AHA Centre)
  - II) ASEAN Member States
  - III) Plus countries
  - IV) Other Related Agencies

**C. Use of Terms**

All terms shall be used in accordance with SOP 001.

**“MED POC” refers to a Medical Point of Contact of the affected state.**

**EOC: Emergency Operations Centre**

**D. Coordinating Procedures**

a. The ACMM will assign the ACMM CO to be stationed at the Multinational Coordination Centre (MNCC) or the National Coordination Center located in the affected state.

b. The ACMM CO stationed at the MNCC or the National Coordination Center will regularly exchange information with the MED POC. The information conveyed to the ACMM must be approved by the MED POC and/or competent authorities of the affected state.

c. The ACMM may assign the ACMM CO to be stationed at the AHA Centre and/or the International Coordination Agencies.

**E. Information Processing**

a. The ACMM shall gather, as well as process and distribute medical and other related information using all available means and systems.

b. The ACMM may request and share information with the ASEAN Member States, Plus countries and other related agencies/organizations.

c. (REFER to SOP-001 ARTICLE 36.2)

**F. Communications**

The ACMM will maintain all communication systems on 24/7 basis.

**G. Joint /Combined Medical Plans**

The ACMM will assist in the development and implementation of the joint/Combined Medical Plans and may make necessary adjustments in accordance with the situation. (REFER TO SOP-001 ARTICLE 23.4)

**H. Assessment of Health Needs**

a. The AMMAT will be dispatched to the disaster area designated by the EOC/MNCC with the consent of the affected state.

b. The AMMAT will assess and report all health-related requirements in accordance with its SOP.

**I. Coordination with other Agencies/Organizations**

a. Notification of Disaster and Situation Updates (Flowchart 1)

b. Request for Assistance (Flowchart 2)

c. Offer of Assistance (Flowchart 3)

d. Joint Assessment of Required Assistance (Flowchart 4)

e. Mobilization of Assets and Capacities (Flowchart 5)

f. On-Site Deployment of Assets and Capacities (Flowchart 6)

g. Direction and Control of Assistance (Flowchart 7)

h. Disaster Situation Update (Flowchart 8)

i. Demobilization of Assistance and Reporting (Flowchart 9)

## Annex A

### Template1: Medical Assets and Capacities

#### TEMPLATE : Medical Assets and Capacities

S/No	CATEGORY	DESCRIPTION OF ASSETS AND CAPABILITIES	QUANTITY	SPECIFICATION	RESPONSIBLE AGENCY	TERMS AND CONDITION FOR DEPLOYMENT

## Annex B

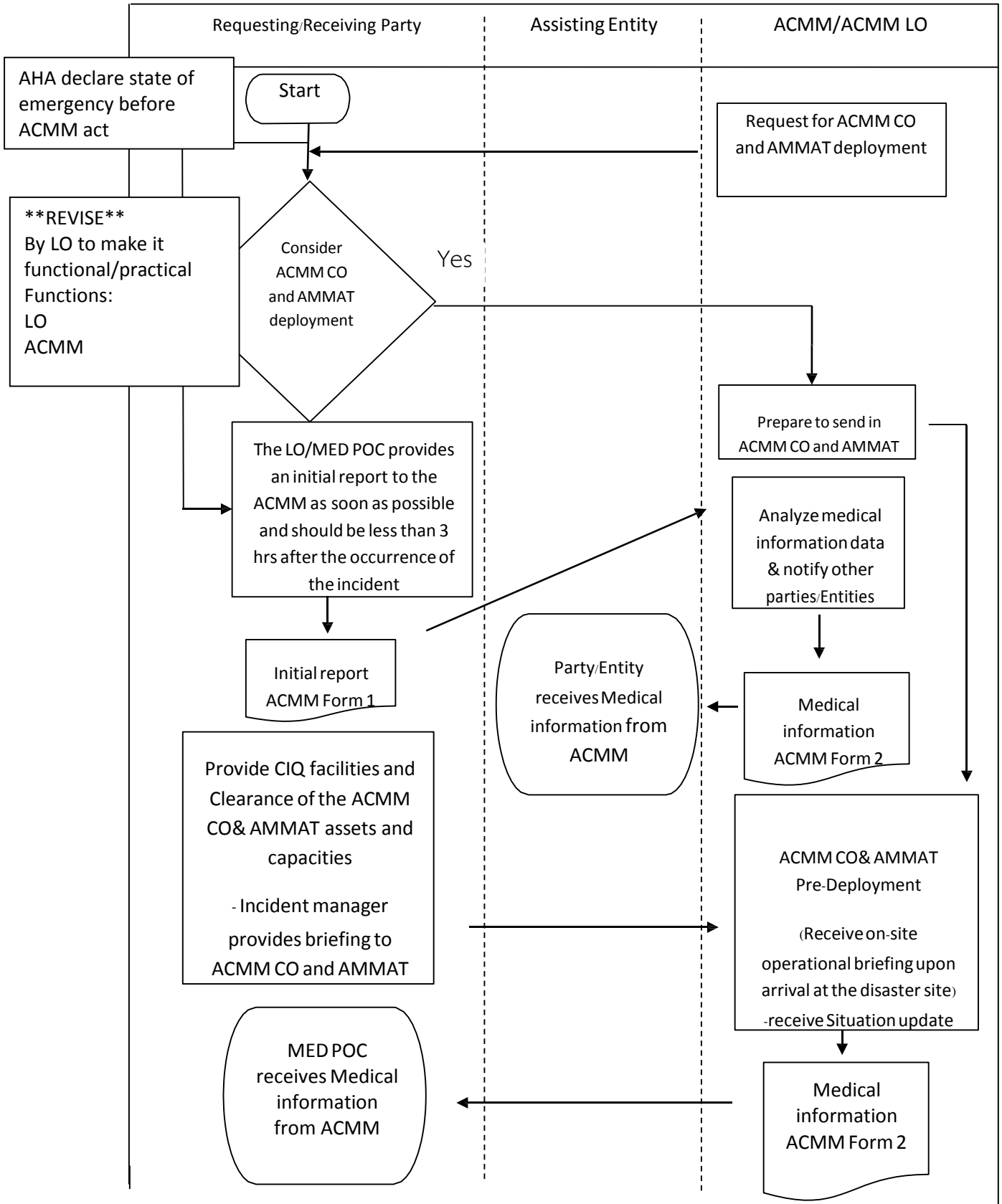
### Template 2 : Inventory of Medical Supplies

#### TEMPLATE : Inventory of Medical Supplies

S/No	CATEGORY	DESCRIPTION OF ASSETS AND CAPABILITIES	QUANTITY	SPECIFICATION	RESPONSIBLE AGENCY	TERMS AND CONDITION FOR DEPLOYMENT

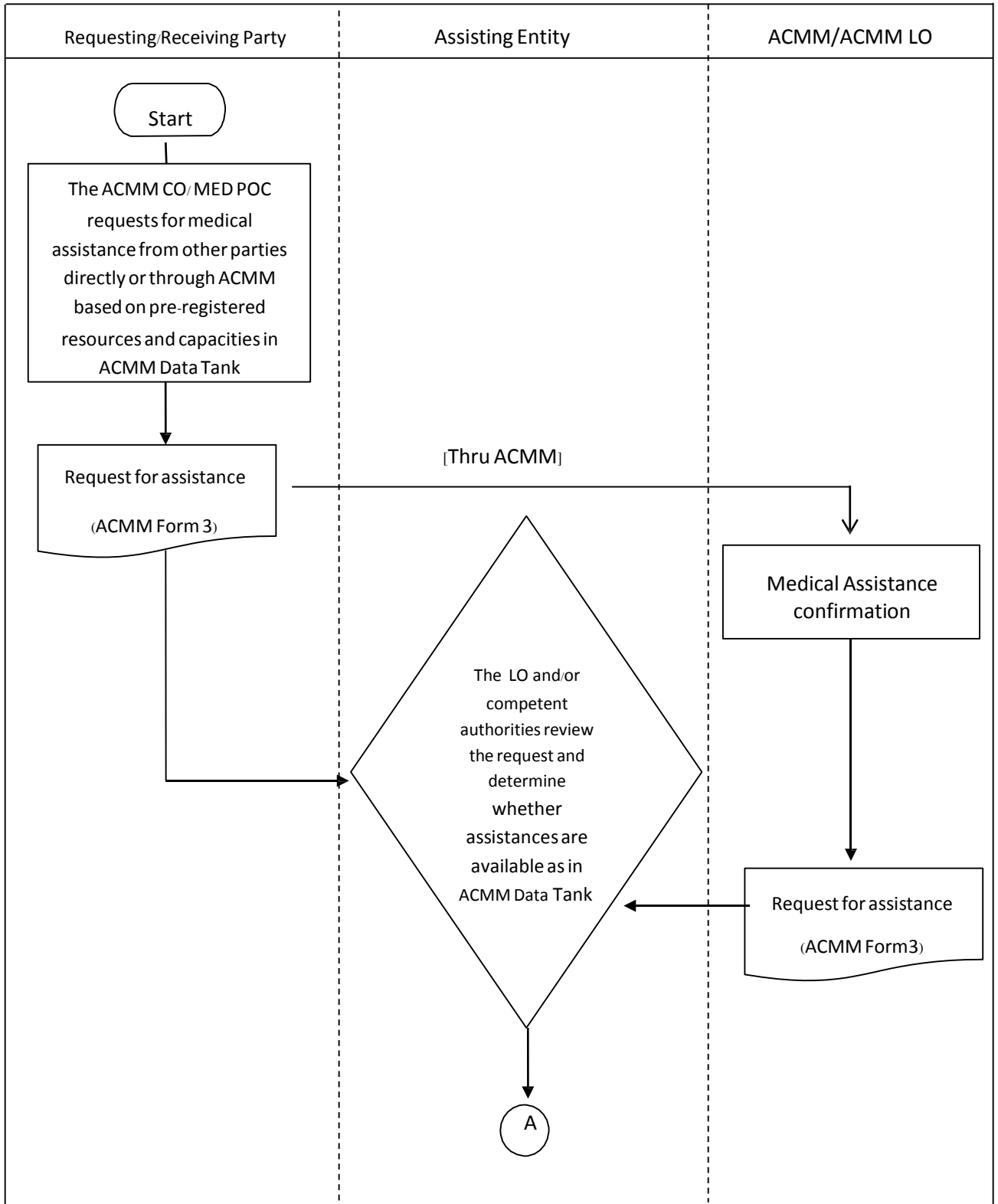
### Annex C

Flowchart 1: Notification of Disaster and Situation Updates



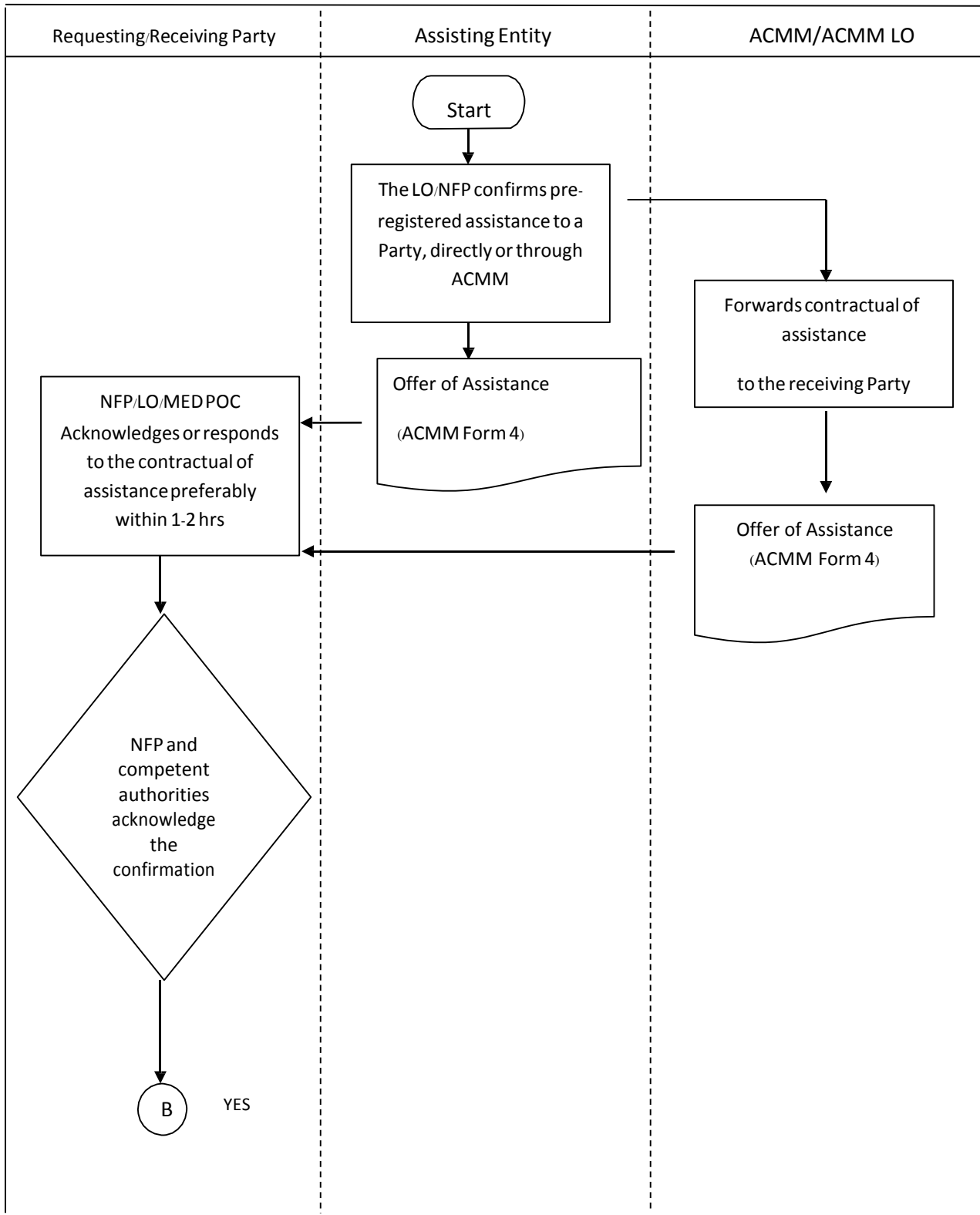
# Annex D

## Flowchart 2: Request for Assistance



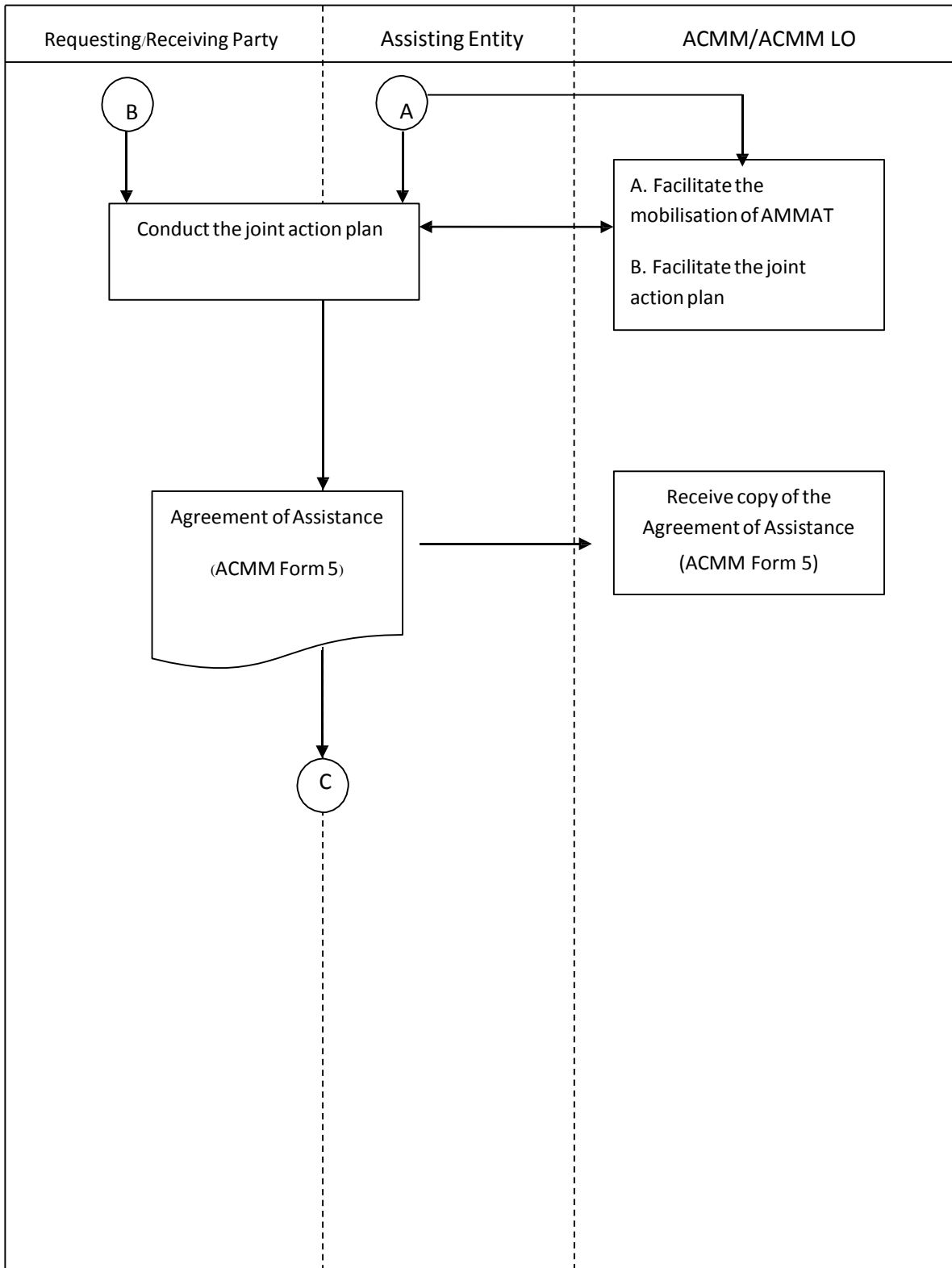
**Annex E**

Flowchart 3: Offer of Assistance



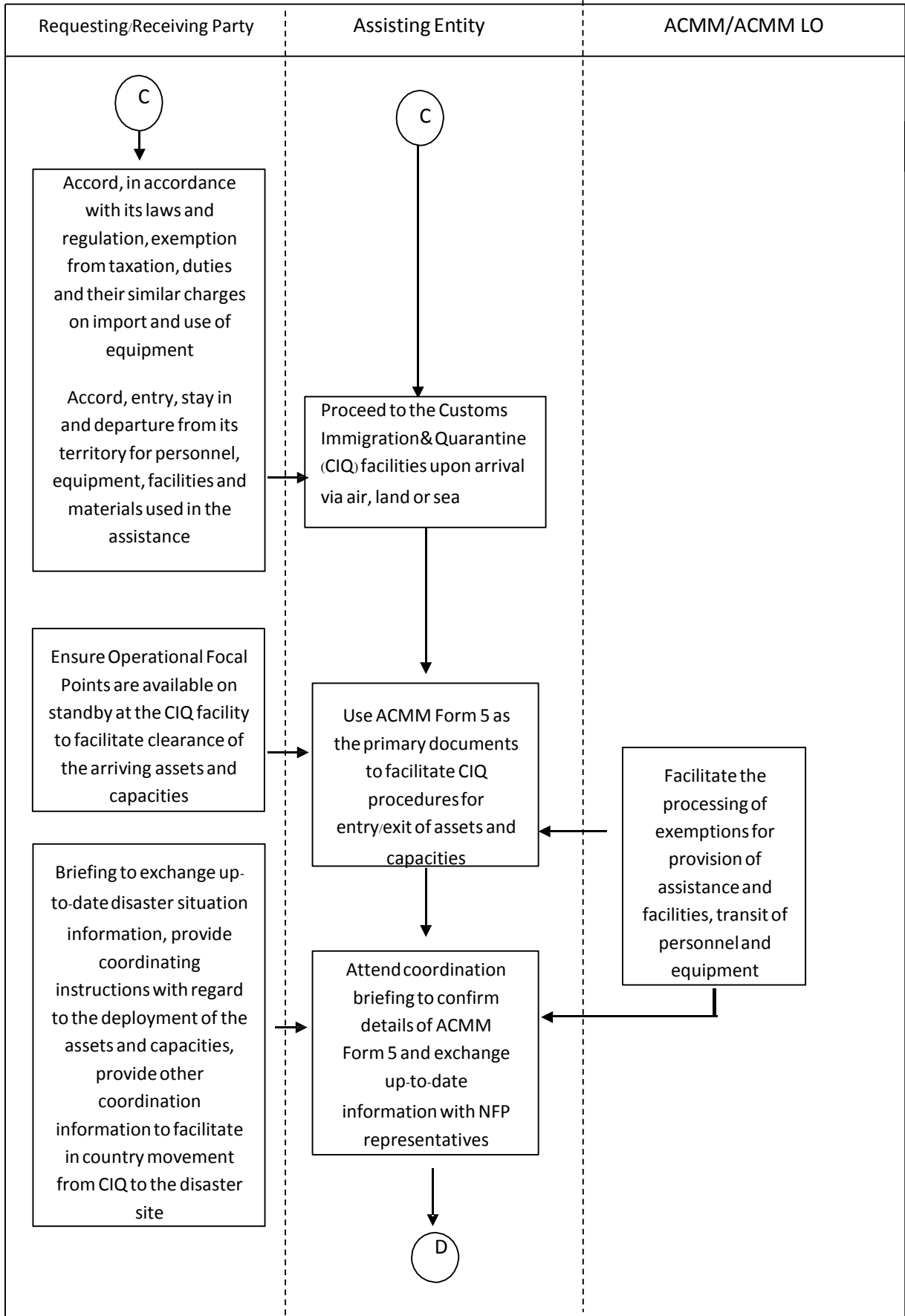
**Annex F**

Flowchart 4: Joint Assessment of Required Assistance



## Annex G

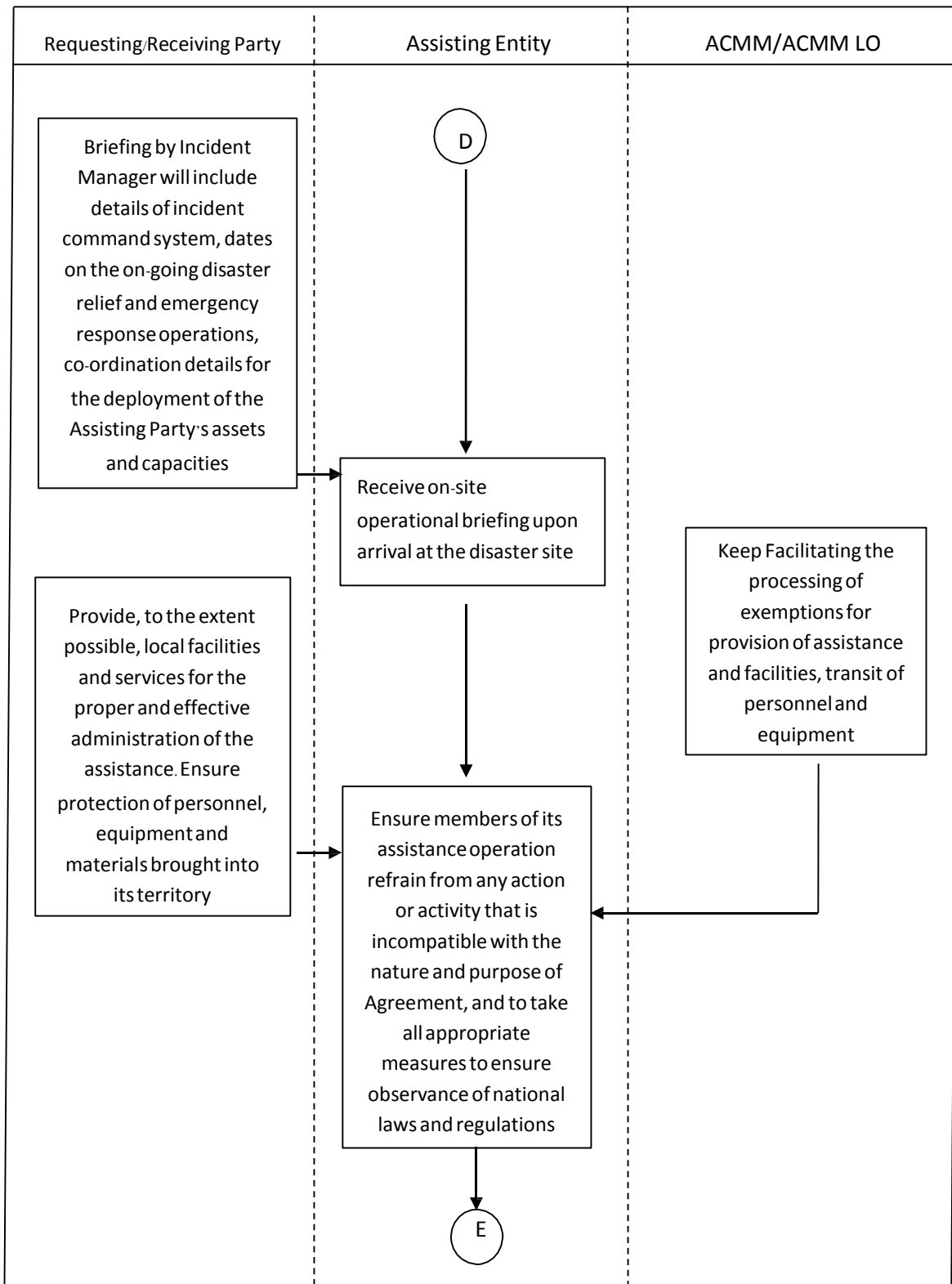
Flowchart 5: Mobilisation of Assets and Capacities





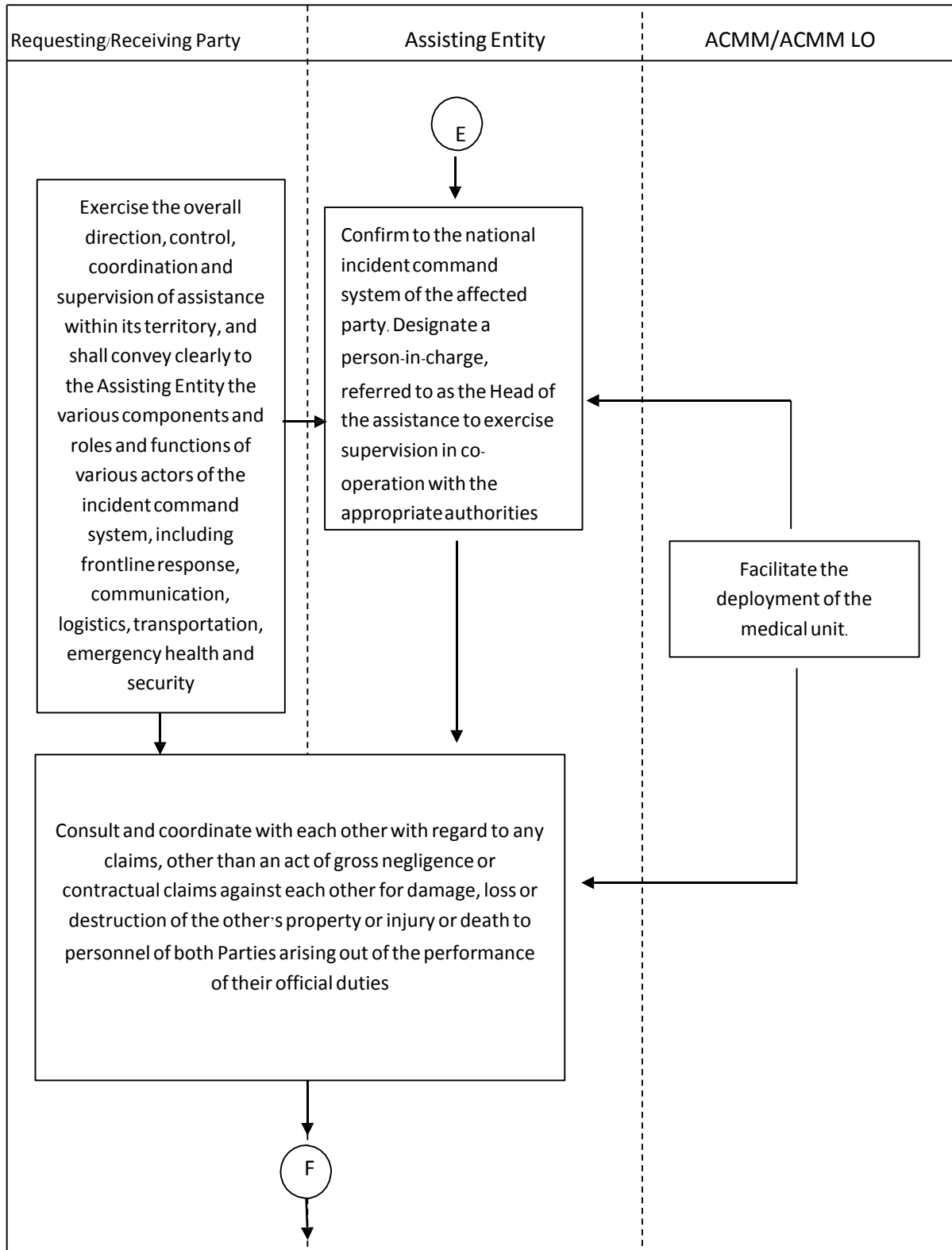
## Annex H

Flowchart 6: On-Site Deployment of Asset and Capacities



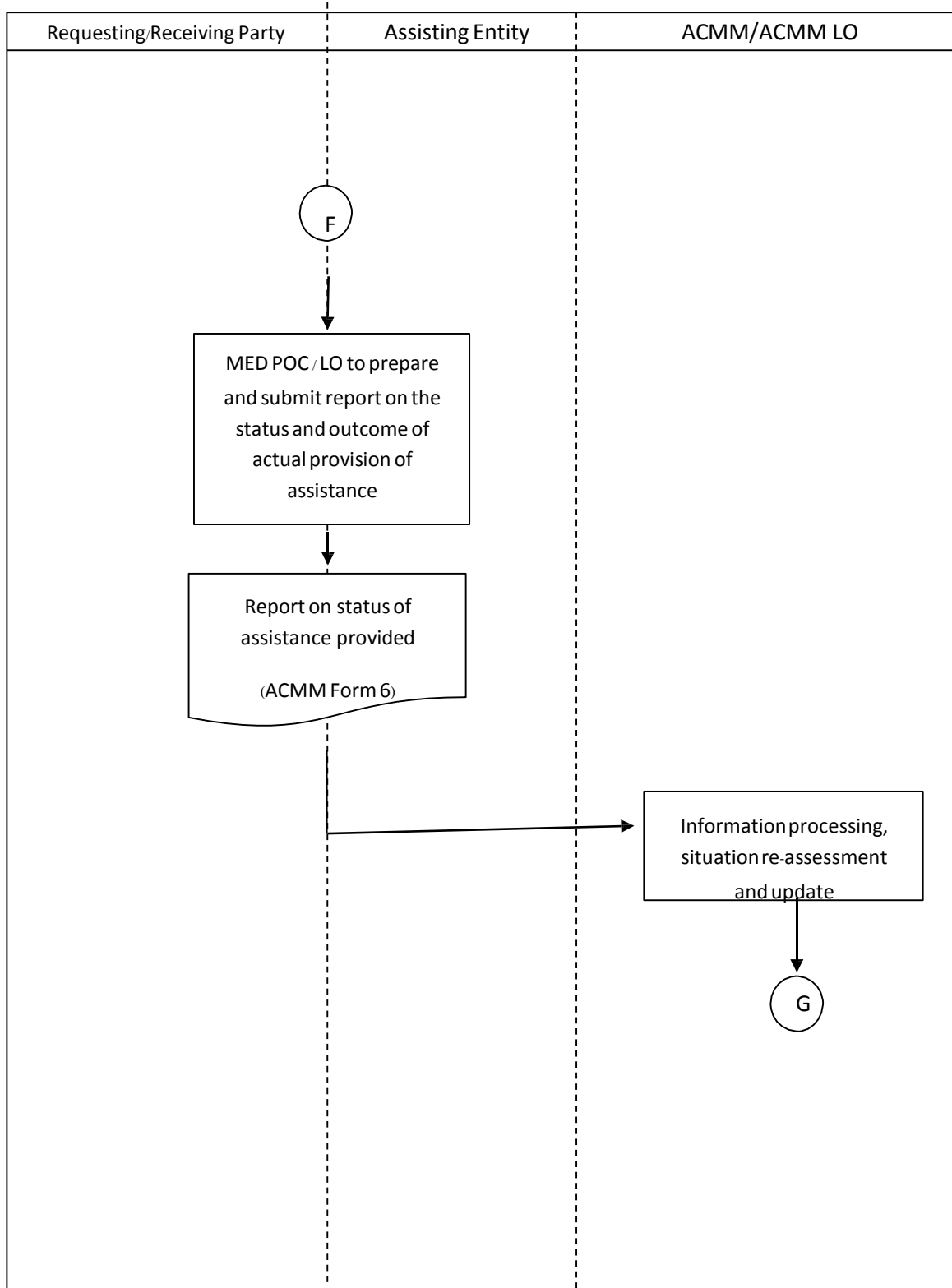
## Annex I

Flowchart 7: Direction and Control of Assistance



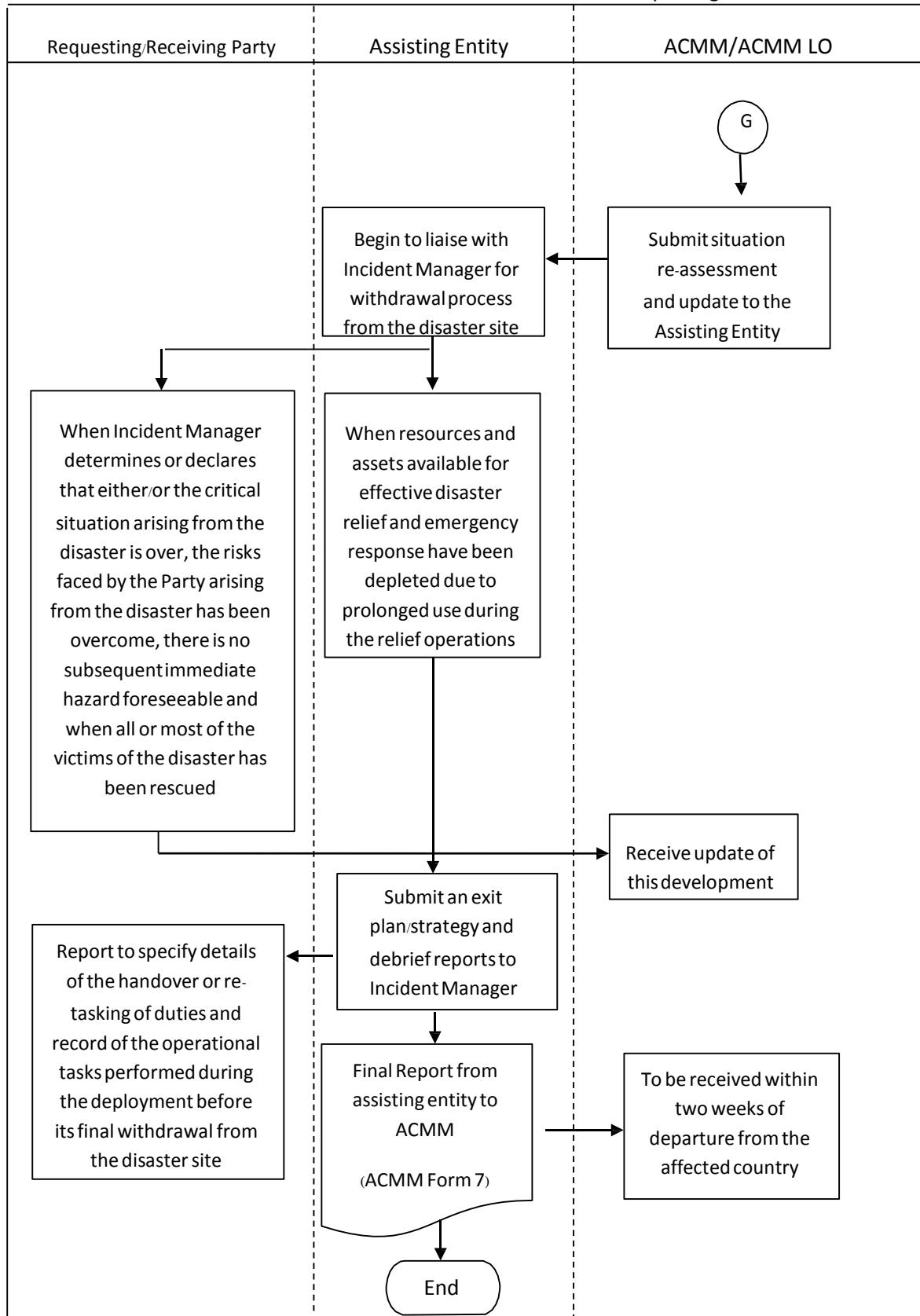
## Annex J

Flowchart 8: Disaster Situation Update



## Annex K

Flowchart 9: Demobilisation of Assistance and Reporting



## **Annex L: ACMM Forms**

### **ACMM Form 1**

#### Initial Report

1. General Information Office

Reference Number : From:

To:

Date / Time:

Disaster Event Name / Location(s):

2. Submitting Authority

MED POC / National Focal Point:

Name:

Designation:

Institution:

Address:

Phone/Fax:

Email:

3. General Description of Disaster Event

4. Pre-Disaster basic information

- a. Population
- b. Local health system (number, capacity, location.)
- c. Medical supplies and equipment reserved
- d. Endemic and potential diseases
- e. Transportation
- f. Communication
- g. Security and safety concern
- h. POC
- i. Social, cultural norm, religion

5. Impact on Human Lives

6. Impact on Medical Systems, Housing, Property and Livelihoods

7. Impact on Lifelines and Public Infrastructures

- a. Water supply
- b. Sanitation and hygiene promotion
- c. Food security and nutrition
- d. Settlement and non-food items
- e. Health action

8. Impact on Environment

9. Immediate Needs

10. Actions Taken

11. Relevant Maps

Signed by:

Signature

(Name)

[MED POC], [Country]

## ACMM Form 2

Initial Report/Situation Updated no.

### ACMM to ACMM LO / National Focal Points

1. General Information :

Office Reference Number

From:

To:

Date / Time:

Disaster Event Name / Location(s):

2. Summary of Disaster Event

Including:

- a. Nature of disaster, threats and trend
- b. Incidence and prevalence of local diseases(s)
- c. Dangerous insects and animals

3. Assessment of Disaster Impact

- a. Remaining services and infrastructure
  - i. Medical systems
  - ii. Water supply
  - iii. Sanitation and hygiene promotion
  - iv. Food security and nutrition
  - v. Shelter
  - vi. Settlement and non-food items
  - vii. Health action
- b. Abilities to cope with disaster
- c. Number of injuries
- d. Number of deaths and graver collection point

4. Assessment of Needs

5. Actions Taken and Resources Mobilized

6. Others

7. Recommendations

Signed by

Signature

(Name)

ACMM

**ACMM Form 3**

Request for Assistance

1. General Information Office

Reference Number : From:

To:

Date / Time:

Disaster Event Name / Location(s):

2. Requesting Party

MED POC / National Focal Point

Name:

Designation:

Institution:

Address:

Phone/Fax: Email:

3. General Description of Disaster Event

4. Disaster Emergency Related Information

a. Disaster Event:

b. Location(s):

c. Description

d. Resources currently mobilized/ actions taken:

e. Additional resources needed or required (prioritized)

5. Requested Resources

**Personnel**

No	Skills	Number of Personnel	Targeted Deployment Location(s)	Specific Tasks to be Assigned	Anticipated Duration of Assignment

**Equipment and Materials**

No	Type of equipment/materials	Number of equipment/material	Targeted Deployment Location(s)	Purpose of Use	Anticipated Duration of Assignment

6. Administrative Arrangements

- a. Expected arrival of requested resources
- b. Contact person at disaster event location or deployment site

Name:

Designation:

Institution:

Address:

Phone/ Mobile Phone/ Fax:

- c. Funding Arrangements

Signed by:

Signature

(Name)

[MED POC or ACMM LO], [Country]



**ACMM Form 4**

Offer of Assistance

1. General Information Office

Reference Number : From:

To:

Date / Time:

Disaster Event Name / Location(s):

2. Assisting Entity

ACMM LO / National Focal Point / Country

Name:

Designation:

Institution:

Address:

Phone/Fax:

Email:

3. General Description of Assistance Offered

4. Offered Resources

Personnel

No	Skills	Number of Personnel	Remarks

Equipment and Materials

No	Type of equipment/materials	Number of equipment/material	Targeted Deployment Location(s)

Additional sheet as necessary

5. Administrative Arrangements
  - a. Maximum duration of assistance
  - b. Funding Arrangements
  - c. Terms and Conditions

Signed by

Signature

(Name)

[ACMM LO], [Country]

**ACMM Form 5**

Arrangement for Assistance

1. General Information

Office Reference

Number : From:

To:

Date / Time:

Disaster Event Name / Location(s):

2. Resources to be

Mobilized Personnel

No	Name/ID no./Passport no.	Designation/Institution	Description	Destination location

Equipment and Materials

No	Type of equipment/materials	Description	Quantity	Destination location

Additional sheet as necessary

3. Transportation of Assisting Resources

a. Mobilization

Date		Time		Transportation Method	Port of Arrival
Depart	Arrive	Depart	Arrive		

b. Demobilization

Date		Time		Transportation Method	Port of Arrival
Depart	Arrive	Depart	Arrive		

4. Customs and Immigration
5. Logistic Support
6. Other Support
7. Funding Arrangements
8. Others
9. Contact Person

Requesting/Receiving Party

Assisting Party

Name: Designation: Institution: Address:  Office Phone: Facsimile: Mobile Phone	Name: Designation: Institution: Address:  Office Phone: Facsimile: Mobile Phone:
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Requesting/Receiving Party

Assisting Party

Signature  
(Name)

Signature  
(Name)

[MED POC], [Country]

[ACMM LO], [Country]

**ACMM Form 6**

Report on Status of Assistance Provided

1. General Information Office

Reference Number : From:

To:

Date / Time:

Disaster Event Name / Location(s):

2. General Description of Disaster Event
3. Actions Taken
4. Evaluation of the Role of the ASEAN Center of Military Medicine and/or Other Party
5. Analysis of Resource Mobilisation and Utilisation
6. Problems and Constraints
7. Other Observations
  - a. Secondary medical needs survey of area of responsibility
  - b. Restoration of health system (i.e., medical facilities and services) of the affected country
  - c. Prevention and disease control measures
  - d. Environmental health assessment
8. Recommendations

Submitted by :

Requesting/Receiving Party

Assisting Entity

Signature

(Name)

[MED POC]

Signature

(Name)

[ACMM LO]

**ACMM  
Form 7**

Final Report from Assisting Entity to the ASEAN Center of Military  
Medicine

1. General Information

Office Reference

Number : From:

To:

Date / Time:

Disaster Event Name / Location(s):

2. General Description of Disaster Event
3. Actions Taken
4. Evaluation of the Role of the ASEAN Center of Military Medicine and/or Other Party
5. Analysis of Resource Mobilization and Utilization
6. Problems and Constraints
7. Other Observations
8. Recommendations

Signed by :

Signature

(Name)

[ACMM LO], [Country]

Reference:

SASOP

SOP-001

TOR