Office of Health Standards Compliance
Ensuring quality and safety in health care

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4 Emergency Unit

Domain 4.1 USER RIGHTS

Sub Domain 4.1.1 *4* User information

Standard 4.1.1.1 *4(1)* The health establishment must ensure that users are provided with adequate information about the health care services available at the health establishment and information about accessing those services.

Criterion 4.1.1.1.1 *4(2)(a)(iv)* **The health establishment must provide users with information relating to the complaints, compliments and suggestions management system.**

4.1.1.1.1.1 CHECKLIST: The complaints toolkit is available at the 24-hour emergency unit.

Assessment type: Observation - **Risk rating:** Essential measure

Use the checklist below to check whether the complaint forms, box and poster are available at the 24-hour emergency unit. Score 1 if the aspect is compliant and 0 if it is not compliant. NB: In small CHC they could have the toolkit in a centralised area.

Score	Comment

Aspects	Score	Comment
1. Lockable complaints box is visibly placed at the unit		
2. The complaints box is mounted (fixed to the wall or flat surface)		
3. Official complaint forms and a pen are at the box in the unit *Explanatory note: The complaints forms must be available in at least two of the commonly spoken official languages in the area*		
4. A standardised poster describing the process to follow to lodge a complaint is visibly displayed at the 24-hour emergency unit		
5. The poster on complaints is available in at least two of the commonly spoken official languages in the area		

Sub Domain 4.1.2 *5* Access to care

Standard 4.1.2.1 *5(1)* The health establishment must ensure that users are attended to in a manner which is consistent with the nature and severity of their health condition.

Criterion 4.1.2.1.1 *5(2)(a)* **The health establishment must implement a system of triage.**

4.1.2.1.1.1 CHECKLIST: A standard operating procedure for triaging of users is available.

Assessment type: Document - **Risk rating:** Vital measure

Read through the standard operating procedure and confirm whether the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included or included but not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. Describe which health care provider(s) should conduct the triage		
2. The location or area where the triage should be conducted		
3. The equipment and material required in the triage area is described		
4. The triage process is described for different categories of users		
5. Documentation of triage findings		

4.1.2.1.1.2 There is a designated individual responsible for triaging of users at the 24-hour Emergency Unit.

Assessment type: Observation - **Risk rating:** Vital measure

This task must be allocated to a designated individual who has been trained for the role. Not applicable: Never

Score	Comment

4.1.2.1.1.3 The algorithm used for triage is visibly displayed in the triage area.

Assessment type: Observation - **Risk rating:** Vital measure

The display of the algorithm will serve to remind those performing triage of the steps to be followed and the categorisation of users, which in turn will improve user safety. It also informs the healthcare users awaiting attention of the process being undertaken. The triage algorithm must be displayed in the triage area. Not applicable: Never

Score	Comment

4.1.2.1.1.4 CHECKLIST: Health care providers are able to explain how users are triaged.

Assessment type: Staff interview - **Risk rating:** Vital measure

Interview the health care providers working in the triage area. If they report the correct triage procedure as per the displayed algorithm, score 1. If any other procedure is described, score 0.

Score	Comment

Aspects	Score	Comment
Staff Interviewed		
1. Health care provider 1		
2. Health care provider 2		
3. Health care provider 3		

4.1.2.1.1.5 CHECKLIST: Users are triaged in accordance with the documented procedure.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select the health records of three users who were attended to in the emergency unit at the time of inspection. Verify whether their triage status was recorded. Score 1 if it was recorded and 0 if not recorded.

Score	Comment

Aspects	Score	Comment
1. User health record 1		
2. User health record 2		
3. User health record 3		

Criterion 4.1.2.1.2 *5(2)(b)* **The health establishment must ensure access to emergency medical transport for users requiring urgent transfer to another health establishment, and that they are accompanied by a health care provider.**

4.1.2.1.2.1 Emergency medical service contact number(s) are displayed in areas where telephones are available.

Assessment type: Observation - **Risk rating:** Vital measure

Check whether emergency contact numbers are displayed next to each telephone. If the health establishment uses official mobile phones/cellphones, emergency numbers can be displayed in any easily visible area in the unit. Not applicable: Never

Score	Comment

Criterion 4.1.2.1.3 *5(2)(c)* **The health establishment must adhere to clinical guidelines on stabilizing users presenting in an emergency before referring them to another health establishment.**

4.1.2.1.3.1 CHECKLIST: User health records indicate adherence to the guidelines for examination and stabilisation of emergency users.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Review three health records of emergency users to check whether the aspects listed below were documented. Score 1 if the aspect is documented and 0 if it is not documented.

Score	Comment

Unit 1 User 1

Aspects	Score	Comment
1. Triage category or score		
2. Initial clinician's assessment		
3. Medical history *Explanatory note: Score NA (not applicable) if the user was not able to provide these details, and no accompanying person was available to provide details*		
4. Physical examination		
5. Investigations ordered(where applicable)		
6. Provisional diagnosis		
7. Final diagnosis *Explanatory note: Score not applicable where the final diagnosis has not been made prior to transfer*		
8. Interventions made to stabilise the user		
9. All vital signs have been monitored		
10. Referral arrangements for the receiving health establishment(where applicable)		

Unit 2 User 2

Aspects	Score	Comment
1. Triage category or score		
2. Initial clinician's assessment		
3. Medical history *Explanatory note: Score NA (not applicable) if the user was not able to provide these details, and no accompanying person was available to provide details*		
4. Physical examination		
5. Investigations ordered(where applicable)		
6. Provisional diagnosis		

Aspects	Score	Comment
7. Final diagnosis *Explanatory note: Score not applicable where the final diagnosis has not been made prior to transfer*		
8. Interventions made to stabilise the user		
9. All vital signs have been monitored		
10. Referral arrangements for the receiving health establishment(where applicable)		

Unit 3 User 3

Aspects	Score	Comment
1. Triage category or score		
2. Initial clinician's assessment		
3. Medical history *Explanatory note: Score NA (not applicable) if the user was not able to provide these details, and no accompanying person was available to provide details*		
4. Physical examination		
5. Investigations ordered		
6. Provisional diagnosis		
7. Final diagnosis *Explanatory note: Score not applicable where the final diagnosis has not been made prior to transfer*		
8. Interventions made to stabilise the user		
9. All vital signs have been monitored		
10. Referral arrangements for the receiving health establishment(where applicable)		

4.1.2.1.3.2 CHECKLIST: A referral register that records referred users is available.

Assessment type: Document - **Risk rating:** Vital measure

Review the register (it could be a booking book or similar record) to confirm that it includes the information listed in the aspects below. Score 1 if the aspect is included and score 0 if the aspect is not included.

Score	Comment

Aspects	Score	Comment

1. Name of referred user		
2. Name of referring health establishment		
3. Name of referring health care practitioner		
4. Name of receiving health establishment		
5. Reason for referral		
6. Date referred		

Standard 4.1.2.2 *5(3)* The health establishment must maintain a system of referral as established by the responsible authority.

Criterion 4.1.2.2.1 *5(4)(a)* **The health establishment must ensure that users are provided with information relating to their referral to another health establishment.**

4.1.2.2.1.1 CHECKLIST: Health care providers are able to explain what information they provide to users being referred.

Assessment type: Staff interview - **Risk rating:** Essential measure

Interview three health care providers to establish if they are aware of the information that must be provided to users who are referred. Answers should be provided to the questions below: Score 1 if the health care provider provides correct answers and 0 if the health care provider does not provide the correct answers.

Score	Comment

Unit 1 Health care provider 1

Aspects	Score	Comment
1. Why are they being referred? (reason for referral)		
2. Where should they go? (the health establishment referred to)		
3. What should they do after being seen by the person/service they have been referred to? (Do they need to return to the CHC for further care, or will further care be provided by the service they are being referred to)		

Unit 2 Health care provider 2

Aspects	Score	Comment
1. Why are they being referred? (reason for referral)		
2. Where should they go? (the health establishment referred to)		
3. What should they do after being seen by the person/service they have been referred to? (Do they need to return to the CHC for further care, or will further care be provided by the service they are being referred to)		

Unit 3 Health care provider 3

Aspects	Score	Comment
1. Why are they being referred? (reason for referral)		
2. Where should they go? (the health establishment referred to)		
3. What should they do after being seen by the person/service they have been referred to? (Do they need to return to the CHC for further care, or will further care be provided by the service they are being referred to)		

Criterion 4.1.2.2.2 *5(4)(b)* The health establishment must ensure that a copy of the referral document is kept in the user's health record.

4.1.2.2.2.1 CHECKLIST: The health records of the last three users referred out of the health establishment contain copies of a referral letter sent to the receiving health establishment.

Assessment type: Patient record audit - **Risk rating:** Essential measure

Request the documented record (register or similar) of referrals out of the health establishment and ask for the health records of the last three users referred. Check whether the referral letter includes the aspects listed below. Score 1 if the aspect is included and 0 if it is not included. Where there is no register available, score 0.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. Name of user		
2. Name of referring health establishment		
3. Name of referring health care practitioner		
4. Name of receiving health establishment		
5. Summary of clinical details		

Unit 2 Health record 2

Aspects	Score	Comment
1. Name of user		
2. Name of referring health establishment		
3. Name of referring health care practitioner		
4. Name of receiving health establishment		
5. Summary of clinical details		

Aspects	Score	Comment
1. Name of user		
2. Name of referring health establishment		
3. Name of referring health care practitioner		
4. Name of receiving health establishment		
5. Summary of clinical details		

Sub Domain 4.1.3 *22* Waiting times

Standard 4.1.3.1 *22* The health establishment must monitor waiting times against the National Core Standards for Health Establishments in South Africa.

Criterion 4.1.3.1.1 *22* **Waiting times are monitored and improvement plans are implemented.**

4.1.3.1.1.1 The average waiting time for each triage category is visibly displayed in the waiting area.

Assessment type: Observation - **Risk rating:** Vital measure

The aim of this requirement is to give users an indication of how long they should expect to wait in the emergency unit and to assist personnel to work within the scope of the target waiting times. The document reflecting the average waiting times must be displayed in an area which is easily visible to users waiting to receive care. The average waiting time for each triage category as calculated in the previous waiting time report must be displayed. Not applicable: Never

Score	Comment

Domain 4.2 CLINICAL GOVERNANCE AND CLINICAL CARE

Sub Domain 4.2.1 *6* User health records and management

Standard 4.2.1.1 *6(1)* The health establishment must ensure that health records of health care users are protected, managed and kept confidential in line with section 14, 15 and 17 of the Act.

Criterion 4.2.1.1.1 *6(2)(b)* **The health establishment must ensure confidentiality of health records.**

4.2.1.1.1.1 Records are not left unattended in clinical service areas.

Assessment type: Observation - **Risk rating:** Essential measure

Observe how user health records are managed in the emergency unit and check whether unauthorised individuals would be able to access the information in the health records. This will include the health records of users waiting to be seen, users who have already been seen but their records have not yet been returned to the records storage area/room, health records being used for clinical audit or other administrative purposes, or health records outside the records storage area/room for any other reason. Such records should be kept in a manner which safeguards against unauthorised access to the content of the record. Not applicable: Never

Score	Comment

Standard 4.2.1.2 *6(3)* The health establishment must create and maintain a system of health records of users in accordance with the requirements of section 13 of the Act.

Criterion 4.2.1.2.1 *6(4)(a)* **The health establishment must record the biographical data of the user and the identification and contact information of the user and his or her next of**

kin.

4.2.1.2.1.1 CHECKLIST: Biographical, demographic and contact information of the user is recorded in the user's health record.

Assessment type: Patient record audit - **Risk rating:** Essential measure

Use the checklist below to check whether user records contain the required details as listed below. Select three records of users who were seen in the unit within at the time of inspection. Score 1 if the detail is recorded and 0 if it is not recorded.

Score	Comment

Unit 1 User record 1

Aspects	Score	Comment
Administrative details (on cover of record)		
1. Name and surname		
2. User file number		
3. Health establishment name		
4. Gender		
5. ID/refugee/passport number or date of birth		
Demographic details		
6. Residential address		
7. Personal contact details		
8. Name and surname of parents or guardian (if user is a minor)		
9. Next of kin contact details		

Unit 2 User record 2

Aspects	Score	Comment
Administrative details (on cover of record)		
1. Name and surname		
2. User file number		
3. Health establishment name		
4. Gender		
5. ID/refugee/passport number or date of birth		

Demographic details

6. Residential address		
7. Personal contact details		
8. Name and surname of parents or guardian (if user is a minor)		
9. Next of kin contact details		

Criterion 4.2.1.2.2 *6(4)(b)* The health establishment must record information relating to the examination and health care interventions of users.

4.2.1.2.2.1 CHECKLIST: The clinical assessment and management plan for the user is recorded in the user health record.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select three health records of users who were seen in the unit. Check whether the user health records contain the details listed below. Score 1 if the detail is recorded and 0 if it is not recorded.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
Patient profile		
1. Health risk factors (alcohol, smoking, other substances, physical activity, diet, sexual behaviour)		
2. Known chronic conditions		
3. Surgical history		
4. Allergies(where applicable)		
Clinical management		
5. Length/height of user		
6. Weight		
7. Blood pressure		
8. Temperature		
9. Pulse rate		
10. Blood sugar(where applicable)		
11. Urine dipstick(where applicable)		
12. Basic screening where indicated (HIV, TB, STI, diabetes)		

	Score	Comment
13. Current chronic conditions		
14. Presenting complaints		
Examination		
15. General(this will include but not limited to respiratory, cardiovascular, abdominal, central nervous system, musculoskeletal, mental state)		
16. Diagnostic and Statistical Manual of Mental Disorders V (applicable to mental health care users only)		
17. Triage category or score		
18. Diagnosis		
User management		
19. Investigation/tests requested		
20. Results of investigations/test recorded		
21. Health education provided		
22. Treatment prescribed		
23. Date of next visit indicated (where applicable)		
24. Transfer arrangements for the receiving health establishment (where applicable)		
25. Health Care Practitioner's name and surname		
26. Health Care Practitioner's designation		
27. Health Care Practitioner's signature		
28. Date signed by Health Care Practitioner		

Unit 2 Health record 2

Aspects	Score	Comment
Patient profile		
1. Health risk factors (alcohol, smoking, other substances, physical activity, diet, sexual behaviour)		
2. Known chronic conditions		
3. Surgical history		
4. Allergies(where applicable)		
Clinical management		

5. Length/height of user		
6. Weight		
7. Blood pressure		
8. Temperature		
9. Pulse rate		
10. Blood sugar(where applicable)		
11. Urine dipstick(where applicable)		
12. Basic screening where indicated (HIV, TB, STI, diabetes)		
13. Current chronic conditions		
14. Presenting complaints		
Examination		
15. General(this will include but not limited to respiratory, cardiovascular, abdominal, central nervous system, musculoskeletal, mental state)		
16. Diagnostic and Statistical Manual of Mental Disorders V (applicable to mental health care users only)		
17. Triage category or score		
18. Diagnosis		
User management		
19. Investigation/tests requested		
20. Results of investigations/test recorded		
21. Health education provided		
22. Treatment prescribed		
23. Date of next visit indicated (where applicable)		
24. Transfer arrangements for the receiving health establishment (where applicable)		
25. Health Care Practitioner's name and surname		
26. Health Care Practitioner's designation		
27. Health Care Practitioner's signature		
28. Date signed by Health Care Practitioner		

Standard 4.2.1.3 *6(5)* The health establishment must have a formal process to be followed when obtaining informed consent from the user.

Criterion 4.2.1.3.1 *6* **A documented procedure which describes the information to be**

collected and discussed during the process to obtain informed consent is implemented, in accordance with Chapter 2 of the National Health Act(Section 7).

4.2.1.3.1.1 CHECKLIST: Forms used for informed consent are completed correctly by the health care providers at the 24-hour emergency unit.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Select three health records of users who were seen at the time of inspection and had to sign informed consent for a procedure. Check whether the details listed below are recorded on the consent forms. Score 1 if the detail is recorded and 0 if it is not recorded.

Score	Comment

Unit 1 Health record 1

Aspects	Score	Comment
1. User's full name(s) and surname are written on the consent form		
2. The user's age OR date of birth OR identity number is documented on the consent form		
3. The exact nature of the operation/procedure/treatment is written on the consent form		
4. The name of the person who signed the consent is documented (this could be the parent or guardian) *Explanatory note: This aspect is not applicable where the user signed the consent form*		
5. The consent form is signed by the user or parent/guardian		
6. The consent form is signed by the health care provider		
7. The consent form is dated		

Unit 2 Health record 2

Aspects	Score	Comment
1. User's full name(s) and surname are written on the consent form		
2. The user's age or date of birth or identity number is documented on the consent form		
3. The exact nature of the operation/procedure/treatment is written on the consent form		
4. The name of the person who signed the consent is documented (this could be the parent or guardian) *Explanatory note: This aspect is not applicable where the user signed the consent form*		
5. The consent form is signed by the user or parent/guardian		

6. The consent form is signed by the health care provider		
7. The consent form is dated		

Sub Domain 4.2.2 *7* Clinical management

Standard 4.2.2.1 *7(1)* The health establishment must establish and maintain clinical management systems, structures and procedures that give effect to national policies and guidelines.

Criterion 4.2.2.1.1 *7(2)(b)* The health establishment must establish and maintain systems, structures and programmes to manage clinical risks.

4.2.2.1.1.1 CHECKLIST: A standard operating procedure for handover between shifts is available.

Assessment type: Document - **Risk rating:** Vital measure

Check the standard operating procedure to see if the aspects listed below are included and explained. Score 1 if the aspect is included and explained, score 0 if it is not included or not explained. NB: The standard operating procedure must as minimum comply with the following requirements: Title of the document, Name of the District or sub-district or health establishment , signed and dated by the accounting officer or delegated person, signed and dated by the compiler or chairperson of committee that developed the document (optional),date of implementation or approval, date of next review (Documents must be reviewed at a minimum every 5 years),summary of changes made to each version of the document (optional).NB: If signed by a delegated official a delegation letter or document is required, document can manual or electronic.

Score	Comment

Aspects	Score	Comment
1. The individual responsible for conducting the handover (is it the nurse caring for the user or shift leader)		
2. Describe the handover process		
3. The minimum details to be provided at handover (summary of patient condition, procedures and treatment required)		
4. When should the handover take place		

4.2.2.1.1.2 CHECKLIST: Health records demonstrate that the correct handover procedure was followed between health care providers and emergency medical services (EMS) personnel.

Assessment type: Patient record audit - **Risk rating:** Vital measure

Review three health records and check if the aspects listed below have been documented. Score 1 if the aspect is documented and 0 if it is not documented.

Score	Comment

Unit 1 User health record 1

Aspects	Score	Comment
1. Name and Surname of user		

Aspects	Score	Comment
2. Clinical status of the user		
3. User pain score		
4. Vital signs		
5. Previous/Known medical history		
6. Treatment given to the user, i.e. how the user was managed by EMS prior to arriving at the CHC		
7. Time of arrival of EMS		
8. Time of handover		
9. Method of transfer of user from health establishment to ambulance, i.e. walking, stretcher or wheelchair		
10. The name and designation of the health care provider to whom the user was handed over to.		
11. Signatures of transferring and receiving health care personnel		

Unit 2 User health record 2

Aspects	Score	Comment
1. Name and Surname of user		
2. Clinical status of the user		
3. User pain score		
4. Vital signs		
5. Previous/Known medical history		
6. Treatment given to the user, i.e. how the user was managed by EMS prior to arriving at the CHC		
7. Time of arrival of EMS		
8. Time of handover		
9. Method of transfer of user from health establishment to ambulance, i.e. walking, stretcher or wheelchair		
10. The name and designation of the health care provider to whom the user was handed over to.		
11. Signatures of transferring and receiving health care personnel		

Standard 4.2.2.2 *7(2)* (b) A health establishment must establish and maintain systems, structures and programmes to manage clinical risk.
Criterion 4.2.2.2.1 *7* **The health establishment implements process to ensure environmental cleanliness.**

4.2.2.2.1.1 CHECKLIST: The service areas in the emergency unit are clean.

Verify whether the service areas listed below are clean. Inspector to observe general cleanliness of the area including but not limited to whether the area is free of dirt and stains. Score 1 if the area is clean and score 0 if not clean. Score NA (not applicable) if an indicated area does not exist in the health establishment.

Score	Comment

Aspects	Score	Comment
1. Consulting room		
2. Triage area/room		
3. Resuscitation room/area		

4.2.2.2.1.2 All work completed is verified by the cleaning supervisor or a delegated member of personnel.

Assessment type: Document - **Risk rating:** Essential measure

Daily inspections will ensure the cleanliness of the building. The person responsible for overseeing the cleaning service must inspect the building daily to confirm that cleaning has been carried out according to the schedule and that all areas attended to have been effectively cleaned. Monitoring tools (e.g. checklists/tick sheets) listing all cleaning tasks must be completed for each room or area. Not applicable: Never

Score	Comment

Criterion 4.2.2.2.2 *7* **The management of emergency resuscitations must be guided and monitored to improve user outcomes.**

4.2.2.2.2.1 CHECKLIST: The resuscitation room is equipped with functional, basic resuscitation equipment.

Assessment type: Observation - **Risk rating:** Vital measure

Use the checklist below to check whether the resuscitation/emergency room complies with measures for functional basic equipment. Check the room where resuscitation is performed. Score 1 if the item is available and functional and 0 if it is not available or not functional.

Score	Comment

Aspects	Score	Comment
1. Emergency trolley with lockable medicine drawer and accessories		
2. Patient trolley or stretcher with fowlers position or examination couch or 2-part obstetric delivery bed		

3. Wall or mobile or ceiling mounted anglepoise-style examination lamp		
4. Nebuliser or face mask with nebuliser chamber for adult and paediatric		
5. Functional electric powered or manual suction devices		
6. Suction catheters sizes 8-14		
7. Drip stand		
8. Dressing trolley		
9. Cardiac arrest board		
10. Saturation monitor (pulse oximeter or within the electronic baumanometer; adult and paediatric)		
11. Bin (general waste)		
12. Bin (medical waste)		
13. Suture material (Suture chromic g0/0 or g1/0 or g1/2 75cm)		
14. Suture material (Suture nylon g2/0 or g3/0 or g3/8 45cm)		
15. Suture material (Suture nylon g4/0 or g3/8 45cm)		
16. Thermal (space) blanket		
17. Gloves (non-sterile): small, medium and large		
18. Gloves (surgical sterile): 6 or 6.5, 7 or 7.5 or 8		
19. Protective face shields or goggles with face mask		
20. Disposable plastic aprons		
21. Disposable face masks		
22. Resuscitation algorithms (adult, paediatric and neonatal)		
23. Wall-mounted liquid hand soap dispenser		
24. Wall-mounted hand paper dispenser		
25. Urinary (Foley's) catheter: 8f		
26. Urinary (Foley's) catheters: 12f		
27. Urinary (Foley's) catheters: 14f		
28. Urinary (Foley's) catheters: 16f		
29. Urinary (Foley's) catheters: 18f		
30. Urinary bags		

4.2.2.2.2.2 CHECKLIST: The emergency trolley at the 24-hour emergency unit is stocked with the medicines, medical supplies and equipment.

Assessment type: Observation - **Risk rating:** Non negotiable measure

Use the checklist below to check whether the emergency trolley is stocked with medicines, medical supplies and the equipment listed below. Check whether the equipment, medical supplies and medicines are available on the emergency trolley (or on other surfaces in the resuscitation room) and also check the expiry dates of medicines and medical supplies. Score 1 if the aspect listed is available, functional and not expired (if applicable) and score 0 if the aspect is not available or functional or expired (if applicable).

Score	Comment

Aspects	Score	Comment
Applicable to Health establishments with a permanent appointed Doctor		
1. Laryngoscope handle with functional batteries		
2. Adult curved blades for laryngoscope size 2		
3. Adult curved blades for laryngoscope size 3		
4. Adult curved blades for laryngoscope size 4		
5. Paediatric laryngoscope handle		
6. Paediatric straight blades for laryngoscope, size 00		
7. Paediatric straight blades for laryngoscope, size 0		
8. Paediatric straight blades for laryngoscope size 1		
9. Endotracheal tubes - uncuffed size 2.5mm		
10. Endotracheal tubes - uncuffed size 3mm		
11. Endotracheal tubes - uncuffed size 3.5mm		
12. Endotracheal tubes - uncuffed size 4mm		
13. Endotracheal tubes - uncuffed size 4.5mm		
14. Endotracheal tubes, cuffed, size 3.0mm		
15. Endotracheal tubes, cuffed, size 4.0mm		
16. Endotracheal tubes - cuffed size 5mm		
17. Endotracheal tubes - cuffed size 6mm		
18. Endotracheal tubes - cuffed size 7mm		
19. Endotracheal tubes - cuffed size 8mm		

20. Laryngeal mask airways size 3 or size 4 or size 5		
21. Tape to hold endotracheal tube in place		
22. Adult-size introducer, intubating stylet or bougie for endotracheal tubes		
23. Paediatric size introducer, intubating stylet or bougie for endotracheal tubes		
Equipment for all health establishments (with and without a permanently appointed doctor)		
24. Oropharyngeal airways (Guedel) size 00		
25. Oropharyngeal airways (Guedel) size 0		
26. Oropharyngeal airways (Guedel) size 1		
27. Oropharyngeal airways (Guedel) size 2		
28. Oropharyngeal airways (Guedel) size 3		
29. Oropharyngeal airways (Guedel) size 4		
30. Oropharyngeal airways (Guedel) size 5		
31. Magill's forceps (adult)		
32. Magill's forceps (paediatric)		
33. Manual bag valve mask/ manual resuscitator or self-inflating bag with compatible masks (adult)		
34. Manual bag valve mask/ manual resuscitator or self-inflating bag with compatible masks (paediatric)		
35. Reservoir mask for oxygen (paediatric)		
36. Reservoir mask for oxygen (adult)		
37. Face mask for nebuliser or face mask with nebuliser chamber or spacers for MDIs (adult)		
38. Face mask for nebuliser or face mask with nebuliser chamber or spacers for MDIs (paediatric)		
39. Automatic External Defibrillator (AED) or defibrillator. Explanatory note: Score not applicable if the health establishment has been listed as one of the facilities excluded from keeping these items. The health establishment must be listed in the letter signed by HOD: Health and directed to NDOH .		
40. Electrodes for defibrillator. Explanatory note: Score not applicable if the health establishment has been listed as one of the facilities excluded from keeping these items. The health establishment must be listed in the letter signed by HOD: Health and directed to NDOH .		

41. Defibrillator pads. Explanatory note: Score not applicable if the health establishment has been listed as one of the facilities excluded from keeping these items. The health establishment must be listed in the letter signed by HOD: Health and directed to NDOH .		
42. Conductive gel. Explanatory note: Score not applicable if the health establishment has been listed as one of the facilities excluded from keeping these items. The health establishment must be listed in the letter signed by HOD: Health and directed to NDOH .		
43. Intravenous cannula 18g green and appropriate strapping		
44. Intravenous cannula 20g pink and appropriate strapping		
45. Intravenous cannula 22g blue and appropriate strapping		
46. Intravenous cannula 24g yellow and appropriate strapping		
47. Syringes 3-part: 2ml		
48. Syringes 3-part: 5ml		
49. Syringes 3-part: 10 or 20ml		
50. Syringes: insulin syringes		
51. Admin set 20 drops/ml 1.8m /pack		
52. Admin set paeds 60 drops/ml 1.8m /pack		
53. Needles: 18 (pink) or 20 (yellow)		
54. Needles: 21 (green)		
55. Needles: 22 (black) or 23 (blue)		
56. Stethoscope		
57. Rescue scissors (to cut clothing)		
58. Nasogastric tubes: 600mm fg 8		
59. Nasogastric tubes: 1000mm fg 10 or 12		
60. Water-soluble lubricant / lubricating jelly		
Present individually or in a combined multifunctional diagnostic monitoring set		
61. Pulse oximeter with adult & paediatric probes		
Emergency medicines (check expiry dates)		
62. Activated charcoal		
63. Adrenaline 1mg/ml (Epinephrine) ampoule		

64. Amlodipine 5mg or 10mg tablets		
65. Aspirin 100mg or 300mg tablets		
66. Atropine 0.5mg or 1mg ampoule		
67. Calcium gluconate 10% ampoule		
68. Furosemide 10mg or 20MG/2ml ampoule		
69. Hydrocortisone 100mg/ml vial or 200mg/2ml vial		
70. Insulin short acting vial (stored in the medicine fridge)		
71. Ipratropium 0.25mg/2ml or 0.5mg/2ml unit dose vial for nebulisation		
72. Isosorbide dinitrate, sublingual, 5mg tablets		
73. Lidocaine / Lignocaine IM 1% or 2% vial		
74. Magnesium sulphate 50%, 1g/2ml ampoule (minimum of 14 ampoules required for one treatment course)		
75. Midazolam (1mg/ml or 5mg/ml) or Diazepam 5mg/ml ampoule (To be locked away in the vicinity of the trolley)		
76. Nifedipine 5mg or 10mg capsules		
77. Prednisone 5 mg tablets		
78. Promethazine 25mg/2ml or 25mg/1ml ampoule		
79. Salbutamol nebulising solution or 2.5mg/2.5ml or 5mg/2.5ml unit dose vials for nebulisation		
80. Thiamine 100mg vial		
81. Water for injection		
IV Solutions		
82. 50% dextrose (20ml ampoule or 50ml bag) or 10% dextrose 1L solution		
83. Paediatric solutions e.g. ½ strength Darrows(200ml or 500ml) solution and neonatalyte 200ml solution		
84. Sodium chloride 0.9% 1L solution		

Sub Domain 4.2.3 *8* Infection prevention and control programmes

Standard 4.2.3.1 *8(1)* The health establishment must maintain an environment, which minimises the risk of disease outbreaks, the transmission of infection to users, health care personnel and visitors.

Criterion 4.2.3.1.1 *8(2)(a)* **The health establishment must ensure that there are hand washing facilities in every service area.**

4.2.3.1.1.1 CHECKLIST: Hand washing facilities are available.

Assessment type: Observation - **Risk rating:** Vital measure

Use the checklist below to check whether the hand washing facilities and items listed below are available. Score 1 if the item is available and 0 if it is not available. NB: Score not applicable for an

area not available in the health establishment.

Score	Comment

Unit 1 Triage area

Aspects	Score	Comment
1. Functional hand wash basin *Explanatory note: The basin should not be blocked, broken, or have deep cracks causing leaking of water.*		
2. Taps are functional with running water		
3. Liquid hand wash soap		
4. Disposable hand paper towels		
5. A poster on hand hygiene is displayed above or next to the hand wash basin		
6. Alcohol based hand rub		

Unit 2 Consultation room

Aspects	Score	Comment
1. Functional hand wash basin *Explanatory note: The basin should not be blocked, broken, or have deep cracks causing leaking of water.*		
2. Taps are functional with running water		
3. Liquid hand wash soap		
4. Disposable hand paper towels		
5. A poster on hand hygiene is displayed above or next to the hand wash basin		
6. Alcohol based hand rub		

Unit 3 Resuscitation area

Aspects	Score	Comment
1. Functional hand wash basin *Explanatory note: The basin should not be blocked, broken, or have deep cracks causing leaking of water.*		
2. Taps are functional with running water		

3. Liquid hand wash soap		
4. Disposable hand paper towels		
5. A poster on hand hygiene is displayed above or next to the hand wash basin		
6. Alcohol based hand rub		

Criterion 4.2.3.1.2 *8(2)(c)* **The health establishment must ensure there is clean linen to meet the needs of users.**

4.2.3.1.2.1 CHECKLIST: The linen in use is sufficient, clean, appropriately used and not torn at the 24-hour emergency unit.

Assessment type: Observation - **Risk rating:** Essential measure

Use the checklist below to check whether the linen is sufficient, clean, appropriately used and not torn (meaning it is not ripped, split, slit, cut, lacerated or in disrepair). Score 1 if the aspect is compliant and score 0 if it is not compliant. Score NA (not applicable) where the type of linen listed (cloth/disposable) is not in use.

Score	Comment

Unit 1 Triage area

Aspects	Score	Comment
1. All examination couches are covered with linen		
2. There are two sets of cloth linen(i.e. couch cover, two draw sheets, two sheets, two pillowcases) per examination couch		
3. Disposable linen - at least 30 draw sheets or linen savers per consultation room		
4. The linen is clean		
5. The linen is not torn		
6. The linen is appropriately used for its intended purpose		

Unit 2 Resuscitation area

Aspects	Score	Comment
1. All examination couches are covered with linen		
2. There are two sets of cloth linen(i.e. couch cover, two draw sheets, two sheets, two pillowcases) per examination couch		
3. Disposable linen - at least 30 draw sheets or linen savers per consultation room		
4. The linen is clean		

5. The linen is not torn		
6. The linen is appropriately used for its intended purpose		

4.2.3.1.2.2 A wheeled cart or trolley is used to collect dirty, soiled and infectious linen.
Assessment type: Observation - **Risk rating:** Vital measure
Observe if the health establishment has a wheeled cart or trolley for collecting soiled and infectious linen. Not applicable: Never

Score	Comment

Criterion 4.2.3.1.3 *8(2)(d)* **The health establishment must ensure that health care personnel are protected from acquiring infections through the use of personal protective equipment and prophylactic immunisations.**

4.2.3.1.3.1 CHECKLIST: Personal protective equipment is worn.

Assessment type: Observation - **Risk rating:** Vital measure
Using the checklist below, verify whether protective clothing and equipment is worn. Score 1 if the items are worn 0 if not worn. Score not applicable where at the time of the inspection, personnel are not in a situation in which they are required to wear protective clothing. NB: Score not applicable for an area not found in the health establishment.

Score	Comment

Unit 1 Consulting room: Worn

Aspects	Score	Comment
1. Gloves - non-sterile		
2. Gloves - sterile		
3. Disposable gowns or aprons		
4. Protective face shields or goggles		
5. Face masks		
6. N95 or KN95 or FFP2 respirator or equivalent.		

Unit 2 Triage area: Worn

Aspects	Score	Comment
1. Gloves - non-sterile		
2. Gloves - sterile		
3. Disposable gowns or aprons		

Aspects	Score	Comment
4. Protective face shields or goggles		
5. Face masks		
6. N95 or KN95 or FFP2 respirator or equivalent.		

Unit 3 Resuscitation area

Aspects	Score	Comment
1. Gloves - non-sterile		
2. Gloves - sterile		
3. Disposable gowns or aprons		
4. Protective face shields or goggles		
5. Face masks		
6. N95 or KN95 or FFP2 respirator or equivalent.		

Sub Domain 4.2.4 *9* Waste management

Standard 4.2.4.1 *9(1)* The health establishment must ensure that waste is handled, stored, and disposed of safely in accordance with the law.

Criterion 4.2.4.1.1 *9(2)(a)* The health establishment must have appropriate waste containers at the point of waste generation.

4.2.4.1.1.1 CHECKLIST: Health care waste is managed as required by waste management practices.

Assessment type: Observation - **Risk rating:** Essential measure

Use the checklist below to check whether health risk care waste is managed as required. Score 1 if the aspect is compliant and 0 if it is not compliant. Score not applicable if the health establishment has fewer areas than those listed.

Score	Comment

Unit 1 Staff Toilet

Aspects	Score	Comment
1. Sanitary disposal bins with functional lids or healthcare risk waste box with a fitted lid.		
2. Sanitary disposal bins or boxes lined with red plastic bags *Explanatory note: If the disposable boxes used for sanitary waste have gel granules in the bottom of the box to treat the waste, no bag is required, and the health establishment can score 1.*		
3. Sanitary disposal bins or boxes are clean and not overflowing		
4. Bins available for general waste		

Aspects	Score	Comment
5. Bins for general waste are lined with appropriate coloured bags (Black, beige, white or transparent packaging can be used.)		

Unit 2 User toilet

Aspects	Score	Comment
1. Sanitary disposal bins with a functional lids or healthcare risk waste box with a lid.		
2. Sanitary disposal bins or boxes lined with red plastic bags		
3. Sanitary disposal bins or boxes are clean and not overflowing		
4. Bins available for general waste		
5. Bins for general waste are lined with appropriate coloured bags (Black, beige, white or transparent packaging can be used.)		

Unit 3 Consultation area

Aspects	Score	Comment
1. Health care risk waste disposal bins with functional lids or health care risk waste box		
2. Health care risk waste disposal bins or boxes lined with red colour plastic bags		
3. Health care risk waste disposal bins or boxes contain only health care waste		
4. Health care risk waste disposal bins or boxes are not overflowing		
5. Bins available for general waste		
6. Bins for general waste are lined with appropriate coloured bags (Black, beige, white or transparent packaging can be used.)		

Unit 4 Resuscitation area

Aspects	Score	Comment
1. Health care risk waste disposal bins with functional lids or health care risk waste box		
2. Health care risk waste disposal bins or boxes lined with red colour plastic bags		
3. Health care risk waste disposal bins or boxes contain only health care waste		

	Score	Comment
4. Health care risk waste disposal bins or boxes are not overflowing		
5. Bins available for general waste		
6. Bins for general waste are lined with appropriate coloured bags (Black, beige, white or transparent packaging can be used.)		

4.2.4.1.1.2 CHECKLIST: There are appropriate containers for disposal of all types of waste.

Assessment type: Observation - **Risk rating:** Vital measure

Observe if the waste containers listed below are available. Score 1 if the waste container is available and score 0 if it is not available. Where a particular type of waste is not generated in the unit, score not applicable.

Score	Comment

Aspects	Score	Comment
1. Infectious non-anatomical waste (red)		
2. Sharps (yellow) *Explanatory note: Sharps must be discarded in impenetrable, tamperproof containers.*		
3. General waste (black, beige, white or transparent packaging can be used)		
4. Anatomical waste (red bucket with tight fitting lid) *Explanatory note: This will be applicable where anatomical waste is generated.*		

Criterion 4.2.4.1.2 *9(2)(b)* **The health establishment must implement procedures for the collection, handling, storage and disposal of waste.**

4.2.4.1.2.1 CHECKLIST: Sharps are safely managed and discarded in clinical areas.

Assessment type: Observation - **Risk rating:** Vital measure

Use the checklist below to check whether sharps are safely managed and discarded. Check areas in the unit. Score 1 if the aspect is compliant and 0 if it is not compliant.

Score	Comment

Unit 1 Area 1

Aspects	Score	Comment

	Score	Comment
1. Waste is properly segregated *Explanatory note: Only sharps are discarded into the container; no gloves, papers or any other waste is discarded into the container.*		
2. Sharps containers are discarded when they reach the limit mark		
3. Sharps containers are placed on a work surface or in wall-mounted brackets		
4. Sharps containers have correctly fitting lids		
5. Needles are not recapped before disposal, not applicable for safety needles and syringes)		

Unit 2 Area 2

Aspects	Score	Comment
1. Waste is properly segregated *Explanatory note: Only sharps are discarded into the container; no gloves, papers or any other waste is discarded into the container.*		
2. Sharps containers are discarded when they reach the limit mark		
3. Sharps containers are placed on a work surface or in wall-mounted brackets		
4. Sharps containers have correctly fitting lids		
5. Needles are not recapped before disposal, not applicable for safety needles and syringes)		

Sub Domain 4.2.5 *21* Adverse events
Standard 4.2.5.1 *21(1)* The health establishment must have a system to monitor and report all adverse events.
Criterion 4.2.5.1.1 *21(2)(b)* **The health establishment must have systems in place to report adverse incidents to a structure in the health establishment or responsible authority that monitors these events.**

4.2.5.1.1.1 CHECKLIST: Health care personnel are aware of the procedure to report adverse events.

Assessment type: Staff interview - **Risk rating:** Vital measure
Interview health care personnel to establish their awareness on reporting of adverse events Score 1 if they are able to explain the aspects listed below and 0 if not.

Score	Comment

Unit 1 Healthcare personnel 1

Aspects	Score	Comment

	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans.		

Unit 2 Healthcare personnel 2

Aspects	Score	Comment
1. Types of adverse events that might happen in the unit (give three examples)		
2. How to report adverse events in the unit?		
3. Feedback processes on reported adverse events. Explanatory notes: This could include but not limited to formal feedback on the progress, outcome and quality improvement plans.		

Domain 4.3 CLINICAL SUPPORT SERVICES

Sub Domain 4.3.1 *13* Medical equipment

Standard 4.3.1.1 *13(1)* Health establishments must ensure that the medical equipment is available and functional in compliance with the law.

Criterion 4.3.1.1.1 *13(2)(b)* **The health establishment must ensure that equipment is in accordance with the essential equipment list in all clinical service areas.**

4.3.1.1.1.1 CHECKLIST: Essential equipment is available and functional at the 24-hour Emergency Unit.

Assessment type: Observation - **Risk rating:** Vital measure

Use the checklist below to check whether essential equipment is available and functional in the areas listed below. Score 1 if the item is available and functional and 0 if it is not available or not functional.

Score	Comment

Unit 1 Resuscitation area

Aspects	Score	Comment
1. Stethoscope		
2. Blood Pressure machine, wall- mounted or portable		
3. Adult, paediatric and large cuffs for BP machine		
4. Diagnostic sets, including ophthalmic pieces, wall-mounted or portable		
5. Patella hammer		

Aspects	Score	Comment
6. Tuning fork (only required in one consulting room)		
7. Tape measure		
8. Clinical thermometers		
9. Glucometer		
10. Peak flow meter		
11. HB meter		
12. Urine specimen jars		
13. Baby scale		
14. Wall-mounted, ceiling-mounted or portable angle- poise examination lamp		

Unit 2 Consultation area

Aspects	Score	Comment
1. Stethoscope		
2. Blood Pressure machine, wall- mounted or portable		
3. Adult, paediatric and large cuffs for BP machine		
4. Diagnostic sets, including ophthalmic pieces, wall-mounted or portable		
5. Patella hammer		
6. Tuning fork (only required in one consulting room)		
7. Tape measure		
8. Clinical thermometers		
9. Glucometer		
10. Peak flow meter		
11. Adult clinical scale up to 150 kg		
12. HB meter		
13. Height measure		
14. Urine specimen jars		
15. Baby scale		
16. Bassinet		
17. Wall-mounted, ceiling-mounted or portable angle- poise examination lamp		

Unit 3 Triage area

Aspects	Score	Comment
1. Stethoscope		
2. Blood Pressure machine, wall- mounted or portable		
3. Adult, paediatric and large cuffs for BP machine		
4. Diagnostic sets, including ophthalmic pieces, wall-mounted or portable		
5. Patella hammer		
6. Tuning fork (only required in one consulting room)		
7. Tape measure		
8. Clinical thermometers		
9. Glucometer		
10. Peak flow meter		
11. Adult clinical scale up to 150 kg		
12. HB meter		
13. Height measure		
14. Urine specimen jars		
15. Baby scale		
16. Bassinet		
17. Wall-mounted, ceiling-mounted or portable angle- poise examination lamp		

4.3.1.1.1.2 CHECKLIST: Sterile packs for minor surgery are available at the 24-hour Emergency Unit.

Assessment type: Observation - **Risk rating:** Vital measure

Use the checklist below to check whether equipment for minor surgery is available. Score 1 if the pack is available and not expired and score 0 if it is not available or expired. Note: Sterile packs for minor surgery must be labelled by indicating the contents of the pack ; if the pack is not labelled score 0.

Score	Comment

Aspects	Score	Comment
1. Small stitch tray - 1		
2. Stitch scissor - 1		

3. Toothed forceps - 1		
4. Non-toothed forceps - 1		
5. Bard-Parker surgical blade handle to fit accompanying blades (blades do not form part of sterilised pack but must be available) - 1		
6. Mosquito, straight - 2		
7. Mosquito, curved - 2		
8. Artery forceps, straight - 2		
9. Artery forceps, curved - 2		
10. Needle holder - 1		
11. Swab holder - 1		

4.3.1.1.1.3 An oxygen cylinder with pressure gauge is available in the resuscitation or emergency room.

Assessment type: Observation - **Risk rating:** Non negotiable measure

An oxygen cylinder fitted with a regulator indicating cylinder pressure and adjustable flow rate must be available. Not applicable: Never

Score	Comment

4.3.1.1.1.4 The oxygen available in the cylinder is above the minimum level.

Assessment type: Observation - **Risk rating:** Non negotiable measure

Oxygen levels must not be below the minimum level in accordance with local policy. Not applicable: Never

Score	Comment

Domain 4.5 FACILITIES AND INFRASTRUCTURE

Sub Domain 4.5.2 *14* Management of buildings and grounds

Standard 4.5.2.1 *14(1)* The health establishment and their grounds must meet the requirements of the building regulations.

Criterion 4.5.2.1.1 *14(2)(c)* **The health establishment must as appropriate for the type of buildings and grounds of the establishment ensure emergency exit and entrance points are provided in all service areas and kept clear at all times.**

4.5.2.1.1.1 The emergency vehicle parking area(s) are clearly marked.

Assessment type: Observation - **Risk rating:** Essential measure

This is to ensure that emergency vehicles can reach the patient to be transferred or reach the emergency unit with the patient to be admitted, as quickly as possible. Check the emergency vehicle parking area(s) within the health establishment premises to determine if it meets the requirements in the measure. Not applicable: Never

Score	Comment

4.5.2.1.1.2 The emergency vehicle entrance is free from any obstruction or hazards.

Assessment type: Observation - **Risk rating:** Vital measure

Hazards or obstructions could include but are not limited to hawkers, potholes and debris at the entrance to the premises and vehicles parked in unauthorised areas. Not applicable: Never

Score	Comment

4.5.2.1.1.3 All emergency exits are kept free of obstacles.

Assessment type: Observation - **Risk rating:** Vital measure

An emergency exit in a structure is a special exit for emergencies such as fire. The combined use of regular and special exits allows for faster evacuation, while it also provides an alternative if the route to the regular exit is blocked by fire, etc. Check that all emergency exits are not obstructed by items including but not limited to chairs, beds, equipment or boxes. Not applicable: Never

Score	Comment

Criterion 4.5.2.1.2 *14(2)(d)* **The health establishment must as appropriate for the type of buildings and grounds of the establishment have ventilation systems that maintain the inflow of fresh air, temperature, humidity and purity of the air within specified limits set for different service areas such as theatres, kitchen and isolation units.**

4.5.2.1.2.1 CHECKLIST: Clinical service areas have natural ventilation or functional mechanical ventilation.

Assessment type: Observation - **Risk rating:** Vital measure

The National Building Regulations stipulate that satisfactory ventilation is only provided by forcing outdoor air into a space mechanically or passively through either ducting or apertures open to the outside such as windows or ventilation grilles. Check if the areas listed below have passive ventilation (windows, doors that can be opened and ventilation grilles) or functional mechanical ventilation (i.e. ducting system). Score 1 if the aspect is compliant and 0 if it is not compliant.

Score	Comment

Aspects	Score	Comment
1. Waiting area		
2. Resuscitation area		
3. Consulting room		

4. Triage area		

Sub Domain 4.5.3 *15* Engineering services

Standard 4.5.3.1 *15(1)* The health establishment must ensure that engineering services are in place.

Criterion 4.5.3.1.1 *15(2)* **The health establishment must have 24-hour electrical power, lighting, medical gas, water supply and sewerage disposal system.**

4.5.3.1.1.1 The 24-hour Emergency Unit has access to a functional back-up electricity supply in case of power supply disruptions.

Assessment type: Document - **Risk rating:** Vital measure

This is to ensure provision of uninterrupted power supply to the service. Records of monitoring of the availability of emergency power during power disruptions must be kept. Records should demonstrate the date and time of power disruptions and indicate if emergency power was activated or not. Not applicable: Never

Score	Comment

Sub Domain 4.5.1 *17* Security services

Standard 4.5.1.1 *17(1)* The health establishment must have systems to protect users, health care personnel and property from security threats and risks.

Criterion 4.5.1.1.1 *17(2)(a)* **The health establishment must ensure that security staff are capacitated to deal with security incidents, threats and risks.**

4.5.1.1.1.1 There is a security system at the 24-hour emergency unit.

Assessment type: Observation - **Risk rating:** Vital measure

The aim is to ensure the safety of users and health care personnel. Check the availability of access control measures including but not limited to security guards, CCTV or gated entry. Not applicable: Never

Score	Comment