

## Needs Assessment and Evaluation Form for Essential Emergency Equipment in Emergency Room\*

\*At an entry point in any health facility such as:

Emergency room/ Admission room / Treatment room/ Casualty room

1. **Name/Address of Health Care Facility** \_\_\_\_\_

**Country** \_\_\_\_\_

2. **Type of Health Care Facility** (please check one)

- Primary or First referral level facility/ District Hospital/Rural Hospital
- Health Centre
- Teaching hospital

3. **Human Resources** in emergency room (please indicate number of health staff)

Specialist Doctors \_\_\_\_\_ Doctors \_\_\_\_ Nurses \_\_\_\_  
Clinical or Health officers \_\_\_\_ Technicians \_\_\_\_ Paramedical staff \_\_\_\_

4. **Physical Resource**

(a) **Infrastructure**

	Yes	No
▪ Is there an area or room designated for emergency care?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there running water?	<input type="checkbox"/>	<input type="checkbox"/>
▪ If yes: Interrupted /Uninterrupted (please circle one)		
▪ Is there an electricity source?	<input type="checkbox"/>	<input type="checkbox"/>
▪ If yes: Interrupted /Uninterrupted (please circle one)		

(b) **Equipment**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| ▪ Is a list of essential emergency care equipment available?          | <input type="checkbox"/> | <input type="checkbox"/> |
| ▪ Is following available  |                          |                          |
| - Oxygen Cylinder: Interrupted /Uninterrupted (please circle one)     | <input type="checkbox"/> | <input type="checkbox"/> |
| - Oxygen Concentrator: Interrupted /Uninterrupted (please circle one) | <input type="checkbox"/> | <input type="checkbox"/> |
| - Equipment for oxygen administration available (tubes, masks)        | <input type="checkbox"/> | <input type="checkbox"/> |

Essential Emergency (EE) Equipment	Yes, in some equipment	Yes, in all equipment	No
▪ Are the EE equipment in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there access to repair if equipment fails?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there access to repair within the health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there access to repair outside the health care facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ If yes, how far (in km): 1-25 / 26-50 / 51-200 / >200 (please circle one)			
▪ Is there an agreement for the maintenance of the equipment with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Do the health care staff in the emergency room get training in the use of the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is information available on supply, repair, and spare parts for the equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. **Quality, safety, access and use**

	Yes, in some procedures	Yes, in all procedures	No
▪ Are the best practice protocols for management of essential emergency procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are the protocols for safe appropriate use of equipment in essential emergency procedures available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▪ How often is 'room to room inspection' performed to ensure that **EE equipment** and supplies required for the essential emergency procedures are available and functioning? (please circle one)  
 Daily / weekly / monthly / 6-monthly / yearly / once in \_\_\_ years / never

	Yes	No
▪ Are the information, education and training materials on emergency procedures and equipment available in the emergency room for health care staff use?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are there introductions of any new procedures/interventions? ▪ If yes, which procedure/intervention: (please specify)	<input type="checkbox"/>	<input type="checkbox"/>
▪ Has referral to other health facility decreased because of skills and knowledge of procedures and intervention?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are records maintained?	<input type="checkbox"/>	<input type="checkbox"/>

**6. Policy**

	Yes	No
▪ Is there a policy to promote training for health care staff in the essential emergency management of trauma, obstetric care and anaesthesia?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there a policy to update the protocols for the emergency management of trauma and obstetric care adapted to local needs?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Are there any guidelines on donation, procurement, and maintenance of all EE equipment?	<input type="checkbox"/>	<input type="checkbox"/>
▪ Is there a list of extra health personnel to be contacted in disaster situations?	<input type="checkbox"/>	<input type="checkbox"/>

*For guidance use WHO generic list of Essential Emergency Equipment*

[Department of Essential Health Technologies](#)  
 World Health Organization,  
 20 Avenue Appia, 1211,  
 Geneva 27, Switzerland  
 Fax: 41 22 791 4836  
 Internet: [www.who.int/surgery](http://www.who.int/surgery)