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**
   - Is there an area or room designated for emergency care? □ Yes □ No
   - Is there running water? □ Yes □ No
     - If yes: Interrupted /Uninterrupted (please circle one)
   - Is there an electricity source? □ Yes □ No
     - If yes: Interrupted /Uninterrupted (please circle one)

   (b) **Equipment**
   - Is a list of essential emergency care equipment available? □ Yes □ No
   - Is following available:
     - Oxygen Cylinder: Interrupted /Uninterrupted (please circle one)
     - Oxygen Concentrator: Interrupted /Uninterrupted (please circle one)
   - Equipment for oxygen administration available (tubes, masks)

5. **Essential Emergency (EE) Equipment**
   - Are the EE equipment in working order? □ Yes □ No
   - Is there access to repair if equipment fails? □ Yes □ No
   - Is there access to repair within the health care facility? □ Yes □ No
   - Is there access to repair outside the health care facility? □ Yes □ No
     - 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? □ Yes □ No
   - Do the health care staff in the emergency room get training in the use of the equipment? □ Yes □ No
   - Is information available on supply, repair, and spare parts for the equipment? □ Yes □ No

5. **Quality, safety, access and use**
   - Are the best practice protocols for management of essential emergency procedures available? □ Yes □ No
   - Are the protocols for safe appropriate use of equipment in essential emergency procedures available? □ Yes □ No
- 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

- Are the information, education and training materials on emergency procedures and equipment available in the emergency room for health care staff use?

- Are there introductions of any new procedures/interventions?  
  - If yes, which procedure/intervention: (please specify)

- Has referral to other health facility decreased because of skills and knowledge of procedures and intervention?

- Are records maintained?

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<tr>
<th>6. Policy</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Is there a policy to promote training for health care staff in the essential emergency management of trauma, obstetric care and anaesthesia?</td>
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<td>Is there a policy to update the protocols for the emergency management of trauma and obstetric care adapted to local needs?</td>
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<td>Are there any guidelines on donation, procurement, and maintenance of all EE equipment?</td>
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<td>Is there a list of extra health personnel to be contacted in disaster situations?</td>
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For guidance use WHO generic list of Essential Emergency Equipment

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