

## NEEDS ASSESSMENT & EVALUATION FORM

### FOR ESSENTIAL EMERGENCY EQUIPMENT IN THE EMERGENCY ROOM\*

#### Emergency and Essential Surgical Care (EESC) Training Workshop

\* "Emergency Room" denotes any entry point in a health facility  
such as an Emergency Room, Admission Room, Treatment Room, Casualty Room

**NAME OF HEALTH CARE FACILITY**

**ADDRESS OF HEALTH CARE FACILITY**

\_\_\_\_\_

\_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ COUNTRY \_\_\_\_\_

**TYPE OF HEALTH CARE FACILITY**

*Please check one*

- Primary or First Referral-Level Facility /  
District Hospital / Rural Hospital
- Health Centre
- Teaching Hospital

**HUMAN RESOURCES IN THE EMERGENCY ROOM**

*Please indicate number of health staff*

- |                      |                    |                      |                            |
|----------------------|--------------------|----------------------|----------------------------|
| <input type="text"/> | Specialist Doctors | <input type="text"/> | Clinical / Health Officers |
| <input type="text"/> | Doctors            | <input type="text"/> | Technicians                |
| <input type="text"/> | Nurses             | <input type="text"/> | Paramedical Staff          |

**PHYSICAL RESOURCES** *Please check one*

▪ **INFRASTRUCTURE**

	YES	NO
Is there an area or room designated for emergency care?	<input type="checkbox"/>	<input type="checkbox"/>
Is there running water? <i>Please check one</i> <i>If you chose 'Yes', is it Interrupted or Uninterrupted?</i>	<input type="checkbox"/> Interrupted <input type="checkbox"/> Uninterrupted	<input type="checkbox"/>
Is there an electricity source? <i>Please check one</i> <i>If you chose 'Yes', is it Interrupted or Uninterrupted?</i>	<input type="checkbox"/> Interrupted <input type="checkbox"/> Uninterrupted	<input type="checkbox"/>

▪ **EQUIPMENT**

Is a list of essential emergency care equipment available?	<input type="checkbox"/>	<input type="checkbox"/>
Are the following available:	<input type="checkbox"/> Interrupted	<input type="checkbox"/>
Oxygen cylinder?	<input type="checkbox"/> Uninterrupted	
Oxygen concentrator?	<input type="checkbox"/> Interrupted	<input type="checkbox"/>
	<input type="checkbox"/> Uninterrupted	
Equipment for oxygen administration? E.g. tubes, masks	<input type="checkbox"/>	<input type="checkbox"/>

**ESSENTIAL EMERGENCY (EE) EQUIPMENT** *Please check one*

	YES in ALL equipment	YES in SOME equipment	NO
Is 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"/> 1 – 25 km <input type="checkbox"/> 26 – 50 km <input type="checkbox"/> 51 – 200 km <input type="checkbox"/> > 200 km	<input type="checkbox"/> 1 – 25 km <input type="checkbox"/> 26 – 50 km <input type="checkbox"/> 51 – 200 km <input type="checkbox"/> > 200 km	<input type="checkbox"/>
Is there an agreement for the maintenance of the equipment with the supplier?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does 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"/>

**QUALITY, SAFETY, ACCESS AND USE** *Please check one*

	YES in ALL equipment	YES in SOME equipment	NO
Are the best practices protocols for managements 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? <i>Please check one.</i>	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Every 6 months <input type="checkbox"/> Yearly	<input type="checkbox"/> Once every ___ years <input type="checkbox"/> Never
		<b>YES</b>	<b>NO</b>
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? <i>If 'yes', please specify which procedure / intervention:</i>		<input type="checkbox"/>	<input type="checkbox"/>
Has referral to other health care facilities 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"/>

**POLICY** *Please check one*

	YES	NO
Is there a policy to promote training for health care staff in the essential emergency management of trauma, obstetric care and anesthesia?	<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, please use the 'WHO Generic Essential Emergency Equipment List'**

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