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Urgent Care and Emergency Services Inspection Checklist- Final

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.4.	The health facility shall develop the following policies and procedures including but not limited to:				
5.4.1.	Surge capacity and diversion policy				
5.4.2.	Disaster management.				
5.4.3.	Emergency action plan.				
5.4.4.	Incident reporting.				
5.4.5.	Sentinel events.				
5.4.6.	Infection control measures and hazardous waste management.				
5.4.7.	Medication management.				
5.4.8.	Patient acceptance criteria.				
5.4.9.	Patient assessment and admission.				
5.4.10.	Patient discharge				
5.4.11.	Patient referral or transfer.				
5.4.12.	Registration policy.				
5.4.13.	Interfacility transfer				
5.4.14.	Quality improvement plan.				
5.4.15.	Management of healthcare information.				
5.4.16.	Patient education and Informed consent.				
5.4.17.	Patient health record.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	1/22



5.4.18.	Patient privacy.				
5.4.19.	Staff job description, qualification and education.				
5.4.20.	Triage and registration system.				
5.7.	The health facility shall:				
5.7.1.	Maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).				
5.7.3.	Install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.				
5.7.4.	Display appropriate signage with the type of service and working hours, clearly visible at the entrance of health facility.				
5.7.5.	Be equipped to provide services and manage case mix including People of Determination and mental health patients.				
a.	The health facility shall have crutches and wheel chairs available to patients who need them before or after treatment.				
5.8.	The health facility shall ensure it has in place adequate lighting and utilities, including the following:				
5.8.1.	Temperature controls.				
5.8.2.	Water taps, sinks and drains.				
5.8.3.	Medical gases.				
5.8.4.	Lighting.				
5.8.5.	Electrical outlets.				
5.8.6.	Communications.				
5.9.	All UCCs shall align with the DHA Guidelines for Health facility design; section B, 360- Outpatients Unit for further guidance.				
5.10.	All Emergency units shall align with the DHA Guidelines for Health facility design; section B, 120- Emergency Unit for further guidance.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	2/22



5.11.	The health facility shall have IT, Technology and Health Records services which includes and not limited to:				
5.11.1.	Electronic health records and patient information systems.				
5.11.3.	Shall develop a plan to integrate electronic medical system with NABIDH project.				
5.11.4.	Picture archiving communications systems (PACS) should be in place for access to patient imaging results.				
5.11.6.	Telehealth technology and support services where applicable.				
5.11.8.	Patient call, nurse assist call, emergency call systems.				
5.11.9.	Telephones should be available in all offices, at all staff stations, in the clerical area and in all consultation and other clinical rooms.				
5.14.2.	Patient Assessment, Diagnosis and Stabilisation:				
a.	The health facility should have organizational plans in place to avoid crowding in the health facility.				
5.14.3.	Patient transfer:				
a.	Urgent care centers shall transfer patients with an immediate risk or threat to life, limb, body function or long-term health to an emergency unit by interfacility ambulance.				
6	STANDARD TWO: URGENT CARE CENTER				
6.4.	Health facilities providing urgent care services shall have the following specifically designed areas:				
6.4.1.	Examination room(s).				
6.4.2.	Designated isolation room(s).				
6.4.3.	A separate waiting area.				
6.4.4.	Patient bathroom(s).				
6.5.	All UCC shall have the following services:				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	3/22



6.5.1.	Ancillary services:				
a.	On site availability of plain x-ray facilities.				
b.	On site point of care testing and shall comply with the DHA standards for Point of care testing.				
c.	Access to advanced radiological and laboratory services.				
i.	In house				
ii.	Via an agreement contract				
6.5.3.	Referral and Patient Transfer services:				
a.	In addition to the above requirements, There shall be a Memorandum of understanding (MOUs) between the UCC and multiple hospitals to continue patient care once the patient is stabilised.				
6.7.	UCC shall have the minimum medical Equipment and supplies listed in Appendix 2				
7	STANDARD THREE: EMERGENCY UNIT				
7.4.	All emergency units shall have the following designated facility design requirements:				
7.4.1.	Entrance and reception area, receiving of patients.				
7.4.2.	Patient waiting areas, with refreshments.				
7.4.3.	Security room.				
7.4.4.	Staff station.				
7.4.5.	Triage Assessment area/ vital sign room.				
7.4.6.	Designated isolation room(s).				
7.4.7.	Patient Resuscitation Bay(s)				
a.	Availability of a specialised resuscitation bed.				
b.	Enough space is available for a 360-degree access to all parts of the patient for uninterrupted procedures.				
c.	Easy access from the ambulance entrance.				
7.4.8.	Consultation/Examination room(s).				
7.4.9.	Observation/Short stay room(s).				
7.4.10.	Assessment/Treatment room(s).				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	4/22



7.4.11.	Medication room.				
7.4.12.	Procedure room(s)				
7.4.13.	Support areas which should include:				
a.	Clean utility room.				
b.	Dirty utility room.				
c.	Medical Disposal room.				
d.	Equipment store room.				
7.4.14.	Staff Areas which should include:				
a.	Male and female changing rooms (toilets, shower and lockers).				
b.	Staff Room.				
c.	Offices and workstations.				
d.	Meeting rooms that may be used for education and teaching functions.				
7.4.15.	Ambulance Receiving Base and Helicopter landing site (HLS)				
a.	All Emergency services shall have an ambulance service.				
b.	Helicopter landing site is mandatory in rural emergency services.				
7.4.16.	Optional areas may include:				
a.	Paediatric Assessment/Short Stay.				
b.	Mental Health Assessment Rooms.				
c.	Short-Stay Unit/Emergency Medical Unit for extended observation and management of patients.				
7.5.	All EUs shall have the following units with 24/7 access to:				
7.5.1.	Radiology unit.				
7.5.2.	Laboratory unit				
7.5.3.	Pharmacy unit				
7.5.4.	Medical records.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	5/22



7.5.5.	Mortuary unit				
7.6.	All Hospital based EUs shall have the additional following units with 24/7 access to:				
7.6.1.	Inpatient unit for medical and surgical wards.				
7.6.2.	Outpatients unit for patient follow-up and referrals.				
7.6.3.	Intensive care unit.				
7.6.4.	Operating unit				
7.6.5.	Sterile supply unit (SSU) to obtain sterile equipment for surgical emergencies.				
7.6.6.	Service units such as catering.				
7.7.	All EUs shall have the following services:				
7.7.1.	Ancillary services:				
a.	Radiological diagnostic services which includes with but not limited to the following (APPENDIX 3):				
i.	Conventional radiography				
ii.	Ultrasonography with doppler.				
iii.	Computed Tomography (CT) scan.				
b.	Access (in house or contract) to Magnetic Resonance Imaging (MRI).				
c.	Cardiac services for Doppler studies and 12-Lead ECG and rhythm strips.				
d.	Pulmonary services which includes but not limited to the following:				
i.	Blood gas determination				
ii.	CO oximetry.				
iii.	Peak flow determination				
iv.	Pulse oximetry				
e.	Foetal monitoring (non-stress test)/uterine monitoring in applicable facilities.				
g.	Pathology lab.				
7.9.	All EUs shall have the Medical Equipment and Supplies listed in Appendix 5				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	6/22



8	STANDARD FOUR: PEDIATRIC EMERGENCY UNITS				
8.4.	In addition to the designated facility requirements in EU, paediatric emergency services shall ensure the following:				
8.4.1.	The emergency environment must be safe for children.				
8.4.2.	Children must be separated from distressing sights and sounds of other patients, with some separation from in the main waiting area.				
8.4.4.	The EU must contain enough child-orientated treatment rooms (depending on the proportion of child EU attenders) with sufficient space to accommodate family members.				
8.4.5.	Areas dedicated for children should be clearly designated, furnished, and decorated in a manner that is colourful, comfortable and safe for both patients and their parents or guardians.				
8.4.6.	Breast-feeding and nappy changing rooms should be available.				
8.4.7.	Critical Care area which includes ICU and NICU.				
8.5.	In addition to the ancillary services in EU. The following Mandatory services should be provided on-site:				
8.5.1.	Respiratory Therapy.				
8.5.2.	Social workers and counsellors.				
8.5.3.	Mental health services.				
8.5.4.	Child protective services.				
8.5.5.	Physical Therapy.				
8.5.6.	Public Relation Officer.				
8.8.	The EU shall have in place policies and procedures about child protection and child abuse including:				
8.8.1.	Clinical assessment of a child.				
8.8.2.	Recognition of possible child abuse.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	7/22



8.8.3.	Initial management of a child with possible or suspected abuse.				
8.8.4.	Notification of appropriate authorities about a case of possible or suspected child abuse.				
8.10.	All emergency Units should be fully equipped with appropriate paediatric sized equipment, refer Appendix 6.				
8.11.	Ambulances in paediatric emergency services should be equipped with paediatric sized equipment as well as space to accommodate a parent or guardian during transportation.				
9	STANDARD FIVE: MATERNITY EMERGENCY UNIT				
9.3.	All maternity EUs should be adequately designed to receive patients with the layout and equipment as mentioned above in a general Emergency Unit and aligned with the DHA Health facility Guidelines Emergency Unit and should further include:				
9.3.1.	Breast-feeding and nappy changing rooms should be available.				
9.3.2.	Critical Care area which includes ICU and NICU.				
9.4.	All maternity EU shall have access to surgical consult services, labour and delivery suites.				
9.5.	In addition to the ancillary services in EU Services. The following Mandatory services should be provided on-site:				
9.5.1.	Respiratory Therapy.				
9.5.2.	Social workers and counsellors.				
9.5.3.	Mental health services.				
9.5.4.	Child and women protective services.				
9.5.5.	Physical Therapy.				
9.5.6.	Public Relation Officer.				
9.9.	If no surgical or medical services are available, on-site, maternity EUs should have clear policies in place for				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	8/22



	transfer of patients to other facilities if the need arises.				
9.10.	The EU shall have in place policies and procedures about suspected maternal neglect, sexual abuse, intimate partner violence and child protection.				
9.11.	All Maternal emergency services should be fully equipped with appropriate equipment and supplies, including neonatal sized equipment, maintained for the Maternity Emergency unit. Refer to Appendix 7 .				
9.12.	Policies, Procedures and Protocols other than the general mentioned above are as follows:				
9.12.1.	Triage patients in adherence to internationally accepted and validated modified triage acuity scores such as:				
a.	Modified Early Obstetric Warning Signs (MEOWS).				
b.	Maternal-Foetal Triage Index (MFTI), whenever applicable, in addition to Emergency Severity Index (ESI).				
c.	Canadian Triage and Acuity Scale (CTAS) to measure acuity.				
9.12.2.	During disaster event, it must have plans set in place for the care of pregnant patients with anticipated induction or scheduled deliveries.				
a.	Maternity emergency services must have policies for the appropriate triaging, referral or triaging away of patients depending on the available resources.				
b.	Must unify triage acuity tools for the pregnant patient utilized during disaster preparedness and activation. These may include CTAS, ESI, MFTI, MEOWS, as described above, or The Obstetric Triage by Resource Allocation for Inpatient tool (OB TRAIN).				
c.	In the case of disasters or evacuations, special care should be taken not to separate mothers from their new-borns.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	9/22



10	STANDARD SIX: FREE-STANDING EMERGENCY UNIT				
10.6.	The FSEU shall require the same ancillary services on-site to that of an EU.				
b.	If patient care mandates access to other medical services, such as surgical, orthopaedic, or medical sub-specialties, then an FSEU should have a clear policy set forth for such patient disposition and transfer to other facility.				
10.7.	Satellite emergency unit shall maintain the same monitoring and oversight of the off-campus emergency unit as it does for any other of its units.				
10.11.	There shall be appropriate equipment and supplies maintained for the FSEC to include, but not limited to:				
10.11.1.	Vital sign monitoring equipment, including, but not limited to:				
a.	Thermometers.				
b.	Cardiac monitors for heart rate monitoring with defibrillating, pacing and cardioversion capabilities.				
c.	Oxygen saturation monitors, co-oximetry devices.				
d.	Blood pressure monitoring devices with adequately sized cuffs.				
e.	Weight Scale.				
f.	Point of care devices for rapid glucose and ketone levels check.				
g.	Immediately available oxygen with flow meters and masks or equivalent with available mechanical suction.				
10.11.2.	Airway maintenance and resuscitation equipment to include:				
a.	Resuscitation bags,				
b.	Laryngoscopies,				
c.	Blades of varying sizes and shapes,				
d.	Endotracheal tubes,				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	10/22



e.	Cricothyrotomy tubes, and				
f.	Adapters.				
10.11.3.	FSEU should include the following devices:				
a.	Ventilation devices.				
b.	Nebulization devices.				
10.11.4.	Spine immobilization equipment to include rigid and/or semi-rigid collars.				
10.11.5.	Complete intravenous infusion sets and cannulation equipment, with Intravenous catheter needles of multiple sizes (14 Gauge to 24 Gauge needles), and Intravenous poles and rapid infusers.				
10.11.6.	Intraosseous cannulation equipment with adult and paediatric sizes available.				
10.11.7.	Adult and Paediatric crash carts fully equipped with different size equipment and periodically checked.				
10.11.8.	Otoscope, fundoscopy device, stethoscope, torch and tongue depressors.				
10.11.9.	Different size splints, bandages and slings.				
10.11.10.	Laceration repair kit, suturing material, adhesive bandages.				
10.11.11.	Foley's Catheters of multiple sizes, Coude catheters, Nasogastric tubes.				
10.11.12.	Newborn and paediatric resuscitation equipment.				
10.11.13.	Equipment for managing hypothermia (Blankets, warm humidifiers).				
10.11.14.	Lumbar Puncture sets, Central line cannulation kits, Thoracotomy tubes.				
10.11.15.	Wheelchairs and mobility assistance devices.				
10.11.16.	ECG machine.				
10.12.	There shall be appropriate equipment and supplies maintained for the Free-Standing Emergency Unit as mentioned in Appendix 5 .				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	11/22



11 STANDARD SEVEN: RURAL EMERGENCY UNIT					
11.5.	Permitted services for the rural EU shall include the following:				
11.5.1.	Diagnostic as well as laboratory services like x-ray, ultrasound, and computed tomography (CT) scanning, routine haematology, chemistry studies, pregnancy testing, and cardiac enzymes available on-site.				
11.5.2.	Intravenous (IV) medications, including resuscitative medications, IV fluids and narcotics available.				
11.6.1.	If no surgical or medical services are available on-site, tele-health consultation with specialized providers should be utilized.				
11.11.2.	If patient care mandates immediate access to other medical services, EUs should have a clear policy set forth for such patient disposition and transfer to other facility.				
11.13.	Rural EUs must have local EMS and HLA services to facilitate patient flow and transfers of patients.				
11.14.	There shall be appropriate equipment and supplies maintained for the Rural Emergency Unit as mentioned in Appendix 5 .				
APPENDIX 1: THE 5-LEVEL TRIAGE SYSTEM FOR EMERGENCY UNIT					
Level	Status/ Time to assessment				
Level I	Resuscitation (See patient immediately)				
Level II	Emergency (Within 15 minutes)				
Level III	Urgency (Within 30 minutes)				
Level IV	Less Urgency (Within 60 minutes)				
Level V	Non Urgency (Within 120 minutes)				
APPENDIX 2: MEDICAL EQUIPMENTS AND SUPPLIES IN URGENT CARE SETTING					
A2.1.	Vital signs measuring and monitor.				
A2.2.	Pulse oximetry.				
A2.3.	Thermometer.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	12/22



A2.4.	Glucometer.				
A2.5.	Urine Analysis (available within 20 minutes)				
A2.6.	Otoscopes, funduscopy, stethoscope.				
A2.7.	Torch and tongue depressor.				
A2.8.	Laceration repair kit with suturing material.				
A2.9.	Nebulizer and Steam inhaler.				
A2.10.	Splints, crepe bandage and arm sling.				
A2.11.	ECG machine.				
A2.12.	Crash Cart.				
A2.13.	AED				
APPENDIX 3: RADIOLOGIC, IMAGING AND OTHER DIAGNOSTIC SERVICES IN EMERGENCY UNITS					
A3.1.	The following should be available 24 hours a day for emergency patients.				
A3.1.1.	Standard radiologic studies of bony and soft-tissue structures;				
A3.1.2.	Emergency ultrasound services for the diagnosis of obstetrics/gynecologic, cardiac and hemodynamic problems and other urgent conditions and Doppler studies.				
A3.1.3.	Computed tomography;				
A3.2.	The following services should be available on an urgent basis, provided by staff in the hospital or by staff who is on call and responds within reasonable period as per the presenting case.				
A3.2.1.	Radiographic:				
A3.2.1.1.	Arteriography/venography.				
A3.2.1.2.	Dye-contrast studies (intravenous pyelography, gastrointestinal contrasts, and others)				
A3.2.1.3.	Magnetic resonance imaging services or the ability to arrange for urgent MRI.				
APPENDIX 5: EQUIPMENT AND SUPPLIES FOR THE EMERGENCY UNIT					

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	13/22



	The items mentioned below should be available for instant use. The list does not include routine medical or surgical supplies such adhesive bandages, gauze pads and suture material. It does not also include routine office items such as paper, desks, paper clips, and chairs.				
A5.1.	Entire Unit				
A5.1.1.	Central station monitoring capability;				
A5.1.2.	Appropriate physiological monitors, including but not limited to temperature, blood pressure, heart rate, blood oxygen saturation;				
A5.1.3.	Defibrillator with monitor and power source;				
A5.1.4.	Nurse-call system for patient use;				
A5.1.5.	Supplies for venipuncture and blood cultures;				
A5.1.6.	Supplies for the administration of IV therapies;				
A5.1.7.	Portable suction regulator;				
A5.1.8.	Infusion pumps including blood transfusion pumps;				
A5.1.9.	IV poles;				
A5.1.10.	Adult and pediatric bag-valve-masks;				
A5.1.11.	Portable oxygen tanks and oxygen supply;				
A5.1.12.	Peak flow meter.				
A5.1.13.	Blood/ fluid warmer and tubing;				
A5.1.14.	Nasogastric suction supplies;				
A5.1.15.	Nebulizer;				
A5.1.16.	Urinary catheters, including but not limited to straight catheters, Foley catheters, Coude catheters, in addition to appropriate means for urine sample collection;				
A5.1.17.	Intraosseous needles and placement equipment;				
A5.1.18.	Lumbar puncture sets;				
A5.1.19.	Blanket warmer;				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	14/22



A5.1.20.	Blanket cooler;				
A5.1.21.	Tonometer;				
A5.1.22.	Slit lamp;				
A5.1.23.	Wheelchairs and other appropriate mobility devices and transfer-assist devices;				
A5.1.24.	Medication dispensing system with locking capabilities;				
A5.1.25.	Sterile separately wrapped instruments (specifics vary by unit);				
A5.1.26.	Weight scales (adult and infant);				
A5.1.27.	Pediatric treatment and dosing table (pediatric emergency tape);				
A5.1.28.	Ear irrigation and cerumen removal equipment;				
A5.1.29.	Vascular Doppler;				
A5.1.30.	Anoscope;				
A5.1.31.	Adult and pediatric Crash cart;				
A5.1.32.	Suture or minor surgical procedure sets (generic);				
A5.1.33.	Portable sonogram equipment;				
A5.1.34.	ECG (EKG) machine;				
A5.1.35.	Point of care testing;				
A5.1.36.	Influenza swabs;				
A5.1.37.	Other necessary infection-related swabs or assays;				
A5.1.38.	X-ray viewing capabilities;				
A5.1.39.	Secure, modern and reliable computer system with access to electronic health/medical record;				
A5.1.40.	High-speed, reliable and secure internet connection;				
A5.1.41.	Patient tracking system;				
A5.1.42.	Radio or other reliable means for communication with the pre-hospital care providers;				
A5.1.43.	Patient discharged information system;				
A5.1.44.	Patient registration system/information services;				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	15/22



A5.1.45.	Inter- and intraunit staff communication system – pagers, mobile phones;				
A5.1.46.	ED charting system for physician, nursing, and attending physician documentation equipment;				
A5.1.47.	Reference material (subscriptions) including toxicology information;				
A5.1.48.	Appropriate personal protective equipment (PPE) based on the local infectious disease authorities;				
A5.1.49.	Linen (e.g., pillows, towels, wash cloths, gowns, blankets);				
A5.1.50.	Patient belongings or clothing bag with secure means of temporary storage; and				
A5.1.51.	Equipment for adequate housekeeping.				
A5.2.	General Examination Rooms				
A5.2.1.	Examination tables or stretchers appropriate to the area (for any area in which seriously ill patients are managed, a stretcher with capability for changes in position, attached IV poles, and a holder for portable oxygen tank should be used);				
A5.2.2.	Step stool;				
A5.2.3.	Equipment to perform pelvic exam;				
A5.2.4.	Chair/ stool for emergency staff;				
A5.2.5.	Seating for family members or visitors;				
A5.2.6.	Adequate lighting, including procedure lights as indicated;				
A5.2.7.	Adequate sinks for hand washing, including dispensers for germicidal soap and paper towels;				
A5.2.8.	Wall mounted oxygen supplies and equipment, including nasal cannulas, face masks, and venturi masks;				
A5.2.9.	Wall mounted suction capability, including both tracheal cannulas and larger cannulas;				
A5.2.10.	Wall mounted or portable otoscope/ophthalmoscope;				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	16/22



A5.2.11.	Sphygmomanometer/stethoscope;				
A5.2.12.	Biohazard-disposal receptacles, including for sharps; and				
A5.2.13.	Medical/General waste receptacles for non-contaminated materials.				
A5.3.	Resuscitation Room:				
	o All items listed for general examination rooms plus:				
A5.3.1.	Access to adult and pediatric Crash cart to include appropriate medication charts;				
A5.3.2.	Newborn and pediatric resuscitation equipment.				
A5.3.3.	Capabilities for direct communication with the nursing station (preferable hands free);				
A5.3.4.	Radiography equipment;				
A5.3.5.	Portable ultrasound;				
A5.3.6.	Radiographic viewing capabilities;				
A5.3.7.	Airway needs:				
A5.3.7.1.	Adult, pediatric and infants' bag-valve masks.				
A5.3.7.2.	Cricothyroidotomy instruments and supplies.				
A5.3.7.3.	Endotracheal tubes, size 2.5 to 8.5 mm.				
A5.3.7.4.	Fiberoptic laryngoscope, video laryngoscope, or alternative rescue intubation equipment.				
A5.3.7.5.	Laryngoscopes, straight and curved blades and stylets.				
A5.3.7.6.	Access to Laryngoscope mirror and supplies.				
A5.3.7.7.	Laryngeal Mask Airway (LMA).				
A5.3.7.8.	Oral and nasal airways.				
A5.3.7.9.	Access to Tracheostomy instruments and supplies.				
A5.3.7.10.	Access to Neonatal airway kit which includes :straight blades, adequately sized masks, bags (T-piece, flow inflating, self-inflating) with manometer, endotracheal tubes, meconium aspirator, bulb syringes.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	17/22



A5.3.8.	Breathing:				
A5.3.8.1.	Noninvasive Ventilation System (BIPAP/CPAP).				
A5.3.8.2.	Closed-chest drainage device.				
A5.3.8.3.	Chest tube instruments and supplies.				
A5.3.8.4.	Emergency thoracotomy instruments and supplies.				
A5.3.8.5.	End-tidal CO2 monitor or Module.				
A5.3.8.6.	Nebulizer.				
A5.3.8.7.	Pulse oximetry.				
A5.3.8.8.	Portable transport ventilator with multiple modes (IPPV, SIMV, spontaneous, PS).				
A5.3.9.	Circulation				
A5.3.9.1.	Automatic noninvasive physiological monitor.				
A5.3.9.2.	Blood/fluid infusion pumps and tubing.				
A5.3.9.3.	Cardiac compression board.				
A5.3.9.4.	Central venous catheter setups/kits.				
A5.3.9.5.	Central venous pressure monitoring equipment.				
A5.3.9.6.	Intraosseous needles insertion equipment with adult and paediatric sizes available.				
A5.3.9.7.	IV catheters, sets, tubing, poles.				
A5.3.9.8.	Monitor/defibrillator with pediatric paddle, internal paddles, appropriate pads and other supplies.				
A5.3.9.9.	Pericardiocentesis instruments.				
A5.3.9.10.	Rapid infusion equipment.				
A5.3.9.11.	Temporary external pacemaker.				
A5.3.9.12.	Access to Trans venous and/or transthoracic pacemaker setup and supplies				
A5.3.9.13.	12-Lead ECG machine.				
A5.3.9.14.	Blood pressure monitoring devices with adult/child sized cuffs.				
A5.3.9.15.	Point of care devices for rapid glucose and ketone levels.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	18/22



A5.4.	o Trauma and Miscellaneous Resuscitation				
A5.4.1.	Blood salvage/auto transfusion device;				
A5.4.2.	Hypothermia thermometer;				
A5.4.3.	Infant warming equipment;				
A5.4.4.	Spine stabilization equipment to include cervical collars, short and long boards;				
A5.4.5.	Therapeutic hypothermia modalities;				
A5.4.6.	Warming/cooling blankets.				
A5.4.7.	Emergency obstetric instruments and supplies:				
A5.4.7.1.	Emergency delivery kits (sterile drapes, towels, gauze, surgical blades, Kelly clamps, Cord clamps, rubber suction bulbs, gauze sponges, hemostatic forceps/tissue forceps, placenta basins).				
A5.4.7.2.	Equipment kits for emergency Caesarean section (perimortem C-section).				
A5.5.	o Other Special Rooms				
	All items listed for general examination rooms plus:				
A5.5.1.	o Orthopedic				
A5.5.1.1.	Cast cutter.				
A5.5.1.2.	Cast and splint application supplies and equipment.				
A5.5.1.3.	Crutches.				
A5.5.1.4.	External splinting and stabilization devices.				
A5.5.1.5.	Radiographic viewing capabilities.				
A5.5.1.6.	Traction equipment, including hanging weights and finger straps.				
A5.5.2.	o Eye/ENT				
A5.5.2.1.	Eye chart.				
A5.5.2.2.	Ophthalmic tonometry device (applanation, Schiottz, or other).				
A5.5.2.3.	Other ophthalmic supplies as indicated, including eye spud, rust ring remover, cobalt blue light.				
A5.5.2.4.	Slit lamp.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	19/22



A5.5.2.5.	Ear irrigation and cerumen removal equipment.				
A5.5.2.6.	Epistaxis instrument and supplies, including balloon posterior packs.				
A5.5.2.7.	Frazier suction tips.				
A5.5.2.8.	Headlight.				
A5.5.2.9.	Laryngoscopy mirror.				
A5.5.2.10.	Plastic suture instruments and supplies.				
A5.5.3.	o OBS-GYN				
A5.5.3.1.	Fetal Doppler and ultrasound equipment.				
A5.5.3.2.	Obstetrics/ gynecology examination light.				
A5.5.3.3.	Vaginal specula in various sizes.				
A5.5.3.4.	Sexual assault evidence-collection kits (as appropriate).				
A5.5.3.5.	Access to baby warmer.				
APPENDIX 6: EQUIPMENT AND SUPPLIES FOR THE PEDIATRIC EMERGENCY UNIT					
A6.1.	General Equipment:				
A6.1.1.	Weight scale in Kilograms				
A6.1.2.	Blood pressure cuffs (Neonatal, Infant, Child)				
A6.1.3.	Electrocardiography monitor/ defibrillator with pediatric capabilities including pads/ paddles				
A6.1.4.	Pulse oximeter with pediatric attachment, and				
A6.1.5.	Pediatric stethoscopes				
A6.2.	Essential Equipment				
A6.2.1.	Pediatric airway and ventilation equipment including;				
A6.2.1.1.	Appropriate oxygen delivery devices.				
A6.2.1.2.	Bag valve masks: infant/adult with proper fitting masks.				
A6.2.1.3.	Nasopharyngeal and oropharyngeal airways.				
A6.2.1.4.	Endotracheal tubes of appropriate sizes.				
A6.2.1.5.	Pediatric laryngoscopes with straight and curved blades.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	20/22



A6.2.2.	Suction catheters;				
A6.2.3.	Pediatric nasogastric tubes;				
A6.2.4.	Pediatric infusion sets and catheters;				
A6.2.5.	Intraosseous needles insertion equipment;				
A6.2.6.	Appropriate vascular access devices; and				
A6.2.7.	Central line catheters (4, 5, 6, 7 F).				
A6.3.	Additional/special Equipment				
A6.3.1.	Lumbar-puncture tray with different lumbar puncture needles;				
A6.3.2.	Supplies/kit for patients with difficult airway (Supraglottic airways of all sizes, laryngeal mask airway, needle cricothyrotomy supplies, surgical cricothyrotomy kit;				
A6.3.3.	Chest tubes to include: 10, 12, 16, 24 F;				
A6.3.4.	Newborn delivery kit, including equipment for resuscitation of an infant (umbilical clamp, scissors, bulb syringe, and towel); and				
A6.3.5.	Urinary catheterization kits and urinary (indwelling) catheters (6F–22F).				
APPENDIX 7: EQUIPMENT AND SUPPLIES FOR THE MATERNAL EMERGENCY UNIT					
A7.1.	General Equipment				
A7.1.1.	Vital sign monitor.				
A7.1.2.	Thermometers.				
A7.1.3.	Weight Scale.				
A7.1.4.	Cardiotocographic (CTG) machine.				
A7.2.	Other equipment:				
a.	Humidified heated oxygen source.				
b.	Compressed air source with oxygen blender.				
c.	Radiant warmers with temperature sensor.				
d.	Foam or hard wedge devices (i.e. Cardiff wedge device)				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	21/22



e.	Complete intravenous infusion sets and cannulation equipment, with Intravenous catheter needles of multiple sizes (14 Gauge to 24 Gauge needles), and Intravenous poles and rapid infusers.				
f.	Neonatal cannulation and catheterization kits that include umbilical vein and artery access equipment in multiple sizes, umbilical tape.				
g.	Foley's Catheters of multiple sizes, Coudé catheters, Nasogastric tubes				
h.	Equipment for managing hypothermia (Blankets, warm humidifiers).				
i.	Lumbar Puncture sets, Central line cannulation kits, Thoracotomy tubes				
j.	Wheelchairs and mobility assistance devices.				
k.	ECG machine.				
l.	Infection-related swabs or assays (influenza swab, wound culture swab, vaginal swab).				
m.	Ultrasonography machines with appropriate probes (vaginal, abdominal, vascular, and cardiac).				
n.	Vaginal Speculums.				
o.	Access to Word Catheters.				
p.	Pelvic examination kits.				

Checklist	ID	Issue#	Issue Date	Revision Date	Page#
Urgent Care and Emergency Services Inspection Checklist- Final	CP_9.6.01_F38	1	Mar 13, 2023	Mar 13, 2026	22/22