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Urgent Care and Emergency Services Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES				
5.5.	The health facility shall maintain documented evidence of the following:				
5.5.1.	Transfer of critical or complicated cases when required.				
5.5.2.	Patient discharge.				
5.5.3.	Hazard Vulnerability Analysis.				
5.5.4.	Fire Safety, emergency plans, security,				
5.5.5.	Equipment maintenance services.				
5.5.6.	Laundry services.				
5.5.7.	Medical waste management as per Dubai Municipality (DM) requirements.				
5.5.8.	Housekeeping services.				
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).				
5.7.2.	Have trained healthcare professionals to manage cases as per scope of service.				
5.7.3.	Install and operate equipment required for provision of the proposed services in accordance to the manufacturer's specifications.				

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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.				
b.	All staff working in urgent care services should receive training in the principles of safeguarding children, vulnerable and older adults and identification and management of child protection issues.				
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.				
5.11.	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.				
5.11.4.	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.				

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5.11.10.	The health facility shall comply with the DHA Guidelines for Managing Health Records and DHA standards for telehealth services.				
5.12.	Clinical Governance				
5.12.1.	The health facility should include representatives on the following committees:				
a.	Quality improvement committee.				
b.	Disaster management committee.				
c.	Infection control committee.				
d.	Code blue committee.				
e.	Educational committees for physicians.				
f.	Mortality and Morbidity committee.				
5.14.	The health facility shall ensure patient safety and quality assurance through the following:				
5.14.1.	Triage Assessment:				
a.	Use the Canadian emergency unit triage and acuity scale (CTAS) or the emergency severity index (ESI) as reference. Refer to Appendix 1				
c.	Nurses trained in urgent and/or emergency services should perform triaging.				
e.	Reassessment of patients every 15-60 minutes depending on the triage level to ensure changes to clinical condition are identified in a timely manner.				
5.14.2.	Patient Assessment, Diagnosis and Stabilisation:				
b.	The health facility shall undertake regular clinical audits, review and monitoring outcomes.				
d.	The availability of a 24-hour consultant physician cover to oversee triage.				
5.14.3.	Patient transfer:				
a.	Urgent care centers shall transfer patients with an immediate risk or threat to life, limb, body function or				

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	long-term health to an emergency unit by interfacility ambulance.				
b.	The medical screening examination shall be performed by a DHA licensed healthcare professional aiming to determine if the patient condition needs urgent attention or patient is stable and safe to seek treatment in another facility of their choice where they are covered.				
f.	Against Medical Advice (AMA) should be filled and signed by the patient or caregiver who refuse treatment or medical recommendations despite medical advice.				
i.	Patients should be informed of all the medical risks associated when refusing medical treatment or medical recommendations.				
6	STANDARD TWO: URGENT CARE CENTER				
6.1.	The scope of Urgent Care Center (UCC) is:				
6.1.1.	To provide a walk-in ambulatory service providing medical care for minor non-urgent illnesses or injuries outside the acute emergency environment for both adults and children of any age.				
6.1.2.	To be able to undertake basic resuscitation; stabilisation and minor procedures along with medical services provided by General Practitioners or specialists and shall be supported by Registered Nurses.				
6.3.	The health facility providing UCC shall be open at least 10 - 12 hours a day, minimum 6 days a week, with access to comprehensive urgent care services.				
6.5.	All UCC shall have the following services:				
6.5.1.	Ancillary services:				
a.	On site availability of plain x-ray facilities.				

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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.				
6.6.	All UCC shall have the following minimum staff Requirements:				
6.6.1.	All healthcare professionals shall hold an active DHA full time professional license and work within their scope of practice.				
6.6.2.	An UCC shall be led by a DHA licensed Consultant/specialist physician or surgeon.				
a.	UCC may be led by a General Practitioner with previous experience in UCCs.				
6.6.3.	There shall be at least one consultant or specialist physician/surgeon, or GP per shift in the UCC.				
6.6.4.	All healthcare professionals providing urgent care services shall have the following valid life support courses as per the unified healthcare professional's qualification requirements (PQR) as follows:				
a.	Basic life support (BLS) or cardiopulmonary resuscitation (CPR)				
b.	Advanced cardiac life support (ACLS).				
c.	At least one (1) healthcare professional with Paediatric advanced life support (PALS).				
6.7.	UCC shall have the minimum medical Equipment and supplies listed in Appendix 2				

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7		STANDARD THREE: EMERGENCY UNIT			
7.1.	The scope of Emergency Unit (EU) is:				
7.1.1.	To provide evaluation and early management of patients, both adults and children of all ages, whose condition might otherwise be compromised if not attended to immediately.				
7.1.2.	To manage life threatening and emergency medical, paediatric, maternal and obstetric conditions.				
7.1.3.	To manage surgical conditions and procedures such as and not limited to wound management and burns.				
7.1.4.	To provide surgical interventions such as the insertion of chest drains and needle thoracotomy.				
7.3.	All Emergency services shall be open 24/7, and during public holidays, with unrestricted access to emergency medical care.				
7.3.1.	Patients shall be admitted, transferred or discharged within a period of four (4) hours.				
7.4.15.	Ambulance Receiving Base and Helicopter landing site (HLS)				
a.	All Emergency services shall have an ambulance service.				
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.				
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.				

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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.				
7.8.	Minimum Staffing Requirements				
7.8.1.	All healthcare professionals in the health facility shall hold an active DHA full time professional license and work within their scope of practice.				
7.8.2.	All the healthcare professionals in the emergency unit shall be privileged as per the DHA Clinical Privileging Policy.				

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7.8.3.	Emergency units shall be led by Emergency Medicine consultant.				
7.8.4.	All staff working in EU inclusive of physicians, nursing and non-clinical support staff shall report to the EU lead.				
7.8.5.	There should be at least one consultant or specialist in emergency medicine per shift in all EUs.				
7.8.6.	The following core specialities should be available, to give advice for patients on a 24-hour basis as part of emergency care.				
a.	Medical Physician(s)				
b.	Surgeon(s).				
c.	Paediatric surgeon.				
d.	Anaesthetist with paediatric skills.				
e.	Neonatologist.				
f.	Paediatric critical care specialist.				
g.	Obstetrician.				
7.8.7.	All healthcare professionals providing emergency services shall have the following valid life support courses as per the unified healthcare professional's qualification requirements (PQR) as follows:				
a.	Basic Life Support (BLS) or cardiopulmonary resuscitation (CPR)				
b.	Advanced Cardiac Life Support (ACLS).				
c.	Advanced Trauma Life Support (ATLS) for physicians only.				
d.	Advanced Trauma Care for Nurses (ATCN)				
e.	Advanced Life Support in Obstetrics (ALSO)				
f.	Neonatal Resuscitation Program (NRP).				
7.8.8.	Healthcare professionals licensed title Emergency Medicine, are exempted				

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	from having an active certification on the above life support courses.				
7.8.9.	At least one (1) registered Nurse (RN) trained in paediatric care and PALS certified should be responsible, either directly or in a supervisory role, for the nursing care of attending paediatric patients.				
7.9.	All EUs shall have the Medical Equipment and Supplies listed in Appendix 5				
8	STANDARD FOUR: PEDIATRIC EMERGENCY UNITS				
8.1.	In addition to the requirements of the general EU, the paediatric EU must be staffed and equipped to deal with the full range of ages and clinical presentations of children that it normally receives.				
8.2.	The scope of Paediatric Emergency Unit is:				
8.2.1.	To manage pediatric patients with major trauma and/or life-threatening conditions.				
8.2.2.	To manage acute complex presentation and case mix including mental health.				
8.2.3.	To have the capacity for invasive monitoring and short-term assisted ventilation.				
8.2.4.	To have the capacity to respond to local major incidents including a role in a formal disaster response plan.				
8.2.5.	To have a dedicated retrieval service or to transfer and receive critically ill pediatric patients to designated hospitals or centers.				
8.3.	All paediatric emergency services shall be open 24/7 and during public holidays, with unrestricted access to emergency paediatric care.				
8.3.1.	Must be always prepared to deal with the initial resuscitation of a child brought in unexpectedly.				

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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.				
8.5.	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.				
8.6.	All healthcare professionals providing Paediatric emergency services shall have the following valid life support courses as per the unified healthcare professional's qualification requirements (PQR) as follows:				
a.	Basic Life Support (BLS)				
b.	Paediatric Advanced Life Support (PALS).				
c.	Neonatal Resuscitation Program (NRP).				
8.7	Paediatric Emergency services should be staffed with a multi-disciplinary team that includes:				
8.7.1.	Paediatric EU shall be led by:				
a.	Paediatric Emergency Medicine Physician OR				
b.	Adult Emergency Medicine Physician OR				
c.	General Paediatric physician with minimum 5 years' experience in emergency.				
8.7.2.	At least one paediatric Specialist/Consultant shall be available per shift.				

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8.7.3.	Anaesthesia specialist with active Paediatric Anaesthesiology certification.				
8.7.4.	Nursing staff that are trained in paediatric care and are actively certified in PALS.				
8.7.5.	Emergency or Family Physician specialists who have completed Paediatric medicine training.				
8.7.6.	Radiographer.				
8.7.7.	Registration officer.				
8.7.8.	Quality officer.				
8.7.9.	Plaster technicians.				
8.7.10.	Phlebotomist.				
8.7.11.	Respiratory therapist				
8.9.	All healthcare professionals must be aware of local laws and guidelines regarding consent to undertake examinations of children. Refer to the DHA Guidelines for Patient Consent.				
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				
9.1.	The scope of Maternity emergency Unit is:				
9.1.1.	To handle life-threatening gynaecologic and obstetric conditions.				
9.1.2.	To deliver neonatal emergency services, gynaecological and obstetric care, mental health care, as well as anaesthesia and surgical services on a 24-hourly service.				

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9.1.3.	To treat all women with gynaecological and reproductive concerns, including females during pregnancy, during delivery and in their post-partum period.				
9.1.4.	To provide screening services for sexually transmitted diseases, reproductive counselling services and females presenting for breast and reproductive cancer screening.				
9.1.5.	To provide resuscitative and urgent care, including emergency surgical care, to their patients. These conditions may include but are not limited to:				
a.	Pre-eclampsia and eclampsia.				
b.	Sepsis, including pelvic inflammatory disease (PID), tubo-ovarian abscesses (TOA), endometritis.				
c.	Dysfunctional uterine bleeding, including life-threatening bleeding,				
d.	Premature rupture of membranes.				
e.	Suspected or ruptured ectopic pregnancies.				
f.	Complications of labour including prolonged or obstructed labour.				
g.	Post-partum haemorrhage.				
h.	Miscarriages.				
i.	Emergency Delivery.				
j.	Neonatal resuscitation following delivery.				
k.	Post-abortion care.				
l.	Family planning counselling.				
m.	Continuous foetal heart rate monitoring.				
n.	Breast disorders, including screening for cancer.				
o.	Female wellness screening, including Pap smears and reproductive cancer screening.				

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9.2.	All Maternal Emergency Services shall be open 24/7 with unrestricted access to emergency paediatric care.				
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.				
9.6.	All healthcare professionals providing Maternal emergency services shall have the following valid life support courses as per the unified healthcare professional's qualification requirements (PQR) as follows:				
a.	Basic Life Support (BLS)				
b.	Advanced Life Support in Obstetrics (ALSO)				
c.	Neonatal Resuscitation Program (NRP).				
9.7.	Maternity emergency units shall be led by a consultant or specialist Obstetrics and gynaecologist.				
9.8.	Maternity EU shall be staffed by a multi-disciplinary team that includes:				
9.8.1.	At least one Obstetrics and Gynaecology Specialist/Consultant per shift.				
9.8.2.	Consultant or specialist Neonatologist per shift.				
9.8.3.	Anaesthesia specialist with active Neonatal Resuscitation Program (NRP) certification.				
9.8.4.	Nursing staff that are trained in obstetrics and gynaecology care or that are actively certified in advanced obstetric life support courses.				

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9.8.5.	Registered nursing staff with a minimum requirement of current certification in advanced cardiac life support and paediatric advanced life support.				
9.8.6.	Midwives that are actively certified in advanced obstetrics life support courses.				
9.8.7.	Emergency or Family Physician specialists who have completed Obstetrics or Women's Health Fellowship training.				
9.8.8.	Radiographer.				
9.8.9.	Phlebotomist.				
9.8.10.	Registration officer.				
9.8.11.	Quality officer.				
9.8.12.	Plaster technicians.				
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 .				
10	STANDARD SIX: FREE-STANDING EMERGENCY UNIT				
10.1.	The scope of a Free-Standing Emergency Unit (FSEU) is similar to the scope of services of an Emergency Unit; except they are not attached to a hospital. The services include but not limited to:				
10.1.1.	Manage high acuity cases and life-threatening emergencies.				
10.1.2.	Provide initial diagnostic procedures as well as stabilizing interventions to the patients who are acutely ill or injured prior to transfer to a hospital-based emergency unit.				
10.1.3.	Transfer of patients on-campus or to a hospital-based emergency unit.				
10.3.	An FSEU shall be capable of treating all age groups.				
10.4.	An FSEU shall operate 24/7, and during public holidays, with unrestricted access to emergency care.				

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10.5.	The FSEU's shall have a similar designated facility requirement in EU, however it does not have in-patient capabilities and patients who require further care should be transferred to appropriately sourced facilities through local ambulance EMS systems or HLS.				
10.6.	The FSEU shall require the same ancillary services on-site to that of an EU.				
a.	If a unit lacks support services availability, it should ensure timely transfer to other facility for appropriate care.				
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.				
10.8.	All healthcare professionals providing emergency services in a FSEU shall have the following valid life support courses as per the unified healthcare professional's qualification requirements (PQR) as follows:				
a.	Basic Life Support (BLS)				
b.	Advanced Cardiac Life Support (ACLS)				
c.	Paediatric Advanced Life Support (PALS).				
10.9.	FSEU shall be led by A DHA Licensed Emergency consultant.				
10.10.	Medical and nursing personnel should be qualified in emergency care and staffed to a number that meets the needs anticipated by the facility. The minimum staff requirements in a FSEU is as follows:				
10.10.1.	Registration officer.				
10.10.2.	Quality officer.				
10.10.3.	Medical staff practicing at the off-campus EU must be part of the hospital's single organized medical staff as required locally.				

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10.10.4.	Specialist Physicians licensed in emergency medicine care.				
10.10.5.	General practitioners with experience working in emergency units, who have active certification in advanced life support courses, working under a licensed emergency specialist or a licensed emergency consultant.				
10.10.6.	Registered nursing staff with a minimum requirement of current certification in advanced cardiac life support and paediatric advanced life support.				
10.10.7.	Radiographer.				
10.10.8.	Phlebotomist.				
10.10.9.	Plaster technicians.				
10.10.10.	Housekeeping services and utility personnel must be available on site as well.				
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:				

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a.	Resuscitation bags,				
b.	Laryngoscopies,				
c.	Blades of varying sizes and shapes,				
d.	Endotracheal tubes,				
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.				

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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 .				
11	STANDARD SEVEN: RURAL EMERGENCY UNIT				
11.1.	Rural EU typically serve smaller, remote communities and provides 24/7 emergency medicine services for urgent or emergent cases to the rural population.				
11.2.	The scope of a Rural Emergency Unit is:				
11.2.1.	To provide adequate initial diagnostic, treatment and stabilization in life-threatening emergencies or acute injuries.				
11.2.2.	To dedicate at least one resuscitation area to provide advanced paediatric, adult, obstetric or trauma life support. Those areas must be fully prepared with equipment and medication.				
11.2.3.	To transfer of patients to higher level of care if required treatment is not available on-site.				
11.3.	Rural EU must be capable of treating all age groups.				
11.4.	Rural EU facilitate access to specialty care or consultation on a 24-hourly basis. Such services may be provided on-site, via transfer or via tele-health consultation at the discretion and capabilities of the concerned facility.				
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.				

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11.6.	Rural EUs must be staffed with healthcare providers capable of delivering paediatric emergency services, gynaecological and obstetric care, mental health care, as well as anaesthesia services on a 24/7.				
11.6.1.	If no surgical or medical services are available on-site, tele-health consultation with specialized providers should be utilized.				
11.7.	All healthcare professionals providing rural emergency services shall have the following valid life support courses as per the unified healthcare professional's qualification requirements (PQR) as follows:				
a.	Basic Life Support (BLS) or cardiopulmonary resuscitation (CPR)				
b.	Advanced Cardiac Life Support (ACLS).				
c.	Advanced Trauma Life Support (ATLS) for physicians only				
d.	Advanced Trauma Care for Nurses (ATCN)				
e.	Paediatric Advance Life Support (PALS)				
f.	Prehospital Trauma Life Support (PHTLS)				
11.8.	The Rural EU shall be led by a DHA licensed Emergency Medicine Consultant.				
11.9.	The Rural EU should have the following healthcare professionals:				
11.9.1.	Specialist Paediatric Emergency Physicians or, Specialist Paediatric physicians with experience working in the EU.				
11.9.2.	General Practitioners with experience working in emergency units.				
11.9.3.	Registered Nurses				
11.9.4.	Radiographer				
11.9.5.	Phlebotomist				
11.9.6.	Plaster technicians				

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11.9.7.	Registration Officer				
11.9.8.	Quality Officer.				
11.11.	Telehealth services may be used in rural EUs and should adhere to the DHA standards of Telehealth services. Services includes the following:				
11.11.1.	Telehealth consultations for:				
a.	medical sub-specialties such as and not limited to: respiratory, cardiology, gastroenterology, endocrinology, neurology, haematology, and oncology.				
b.	Mental health services.				
c.	Community services.				
d.	Surgical sub-specialties for stable patients not requiring immediate intervention.				
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.				
A2.4.	Glucometer.				
A2.5.	Urine Analysis (available within 20 minutes)				
A2.6.	Otoscopes, fundoscopy, stethoscope.				
A2.7.	Torch and tongue depressor.				

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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					
	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				

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	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;				
A5.1.20.	Blanket cooler;				
A5.1.21.	Tonometer;				
A5.1.22.	Slit lamp;				

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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;				
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;				

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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;				
A5.2.11.	Sphygmomanometer/stethoscope;				
A5.2.12.	Biohazard-disposal receptacles, including for sharps; and				

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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.				
A5.3.8.	Breathing:				
A5.3.8.1.	Noninvasive Ventilation System (BIPAP/CPAP).				
A5.3.8.2.	Closed-chest drainage device.				

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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.				
A5.4.	o Trauma and Miscellaneous Resuscitation				
A5.4.1.	Blood salvage/auto transfusion device;				
A5.4.2.	Hypothermia thermometer;				

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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.				
A5.5.2.5.	Ear irrigation and cerumen removal equipment.				
A5.5.2.6.	Epistaxis instrument and supplies, including balloon posterior packs.				

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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.				
A6.2.2.	Suction catheters;				
A6.2.3.	Pediatric nasogastric tubes;				
A6.2.4.	Pediatric infusion sets and catheters;				

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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)				
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.				

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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.				

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