

قرار وزاري رقم (53) لسنة 2025 م
في شأن اعتماد المعايير الوطنية لوحدات الطوارئ
والرعاية العاجلة في المستشفيات

وزير الصحة ووقاية المجتمع:

بعد الاطلاع:

- على القانون الاتحادي رقم (1) لسنة 1972 م بشأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،
- وعلى القانون الاتحادي رقم (4) لسنة 2015 م في شأن المنشآت الصحية الخاصة وتعديلاته ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (5) لسنة 2019 م في شأن تنظيم مزاوله مهنة الطب البشري ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (6) لسنة 2023 م بشأن مزاوله غير الأطباء والصيداللة لبعض المهن الصحية،
- وعلى المرسوم بقانون اتحادي رقم (4) لسنة 2016 م بشأن المسؤولية الطبية، وتعديلاته ولائحته التنفيذية،
- وعلى قرار مجلس الوزراء رقم (20) لسنة 2017 م باعتماد المعايير الموحدة لترخيص مزاولي المهن الصحية على مستوى الدولة وتعديلاته،
- وعلى قرار مجلس الوزراء رقم (11) لسنة 2021 م في شأن الهيكل التنظيمي لوزارة الصحة ووقاية المجتمع.

وبناء على مقتضيات المصلحة العامة...

قرّما يلي:

المادة (1): نعتد المعايير الوطنية لوحدات الطوارئ والرعاية العاجلة في المستشفيات المرفقة بهذا القرار.

المادة (2): ينشر هذا القرار في الجريدة الرسمية ويعمل به اعتباراً من اليوم التالي لتاريخ نشره.

عبد الرحمن بن محمد العويس

وزير الصحة ووقاية المجتمع

صدر بتاريخ: 20/03/2025

مرفق القرار الوزاري رقم (53) لسنة 2025 م

بشأن اعتماد المعايير الوطنية لوحدات الطوارئ والرعاية العاجلة في المستشفيات

National Standard of Urgent Care and Emergency Departments in Hospitals

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PURPOSE

To define the minimum requirements aligned with best practices for the operation of hospital Urgent Care and Emergency Departments, ensuring the highest standards of quality and healthcare services at all times.

SCOPE

This regulation is applicable to all licensed hospitals and Emergency Care Departments in UAE.

ABBREVIATIONS/ SHORT FORMS

- ACLS** : Advanced Cardiac Life Support
- AED** : Automated External Defibrillator
- ALSO** : Advanced Life Support in Obstetrics
- ALT** : Alanine Transaminase
- AST** : Aspartate Aminotransferase
- ATCN** : Advanced Trauma Care for Nurses
- ATLS** : Advanced Trauma Life Support
- BiPAP** : Bi-level Positive Airway Pressure
- CBRNE** : Chemical, Biological, Radiological, Nuclear, Explosives
- CO** : Carbon Monoxide
- COVID** : Coronavirus Disease
- CPAP** : Continuous Positive Airway Pressure
- CPR** : Cardiopulmonary Resuscitation
- CSF** : Cerebrospinal Fluid

CTG	: Cardiocography
ECG	: Electrocardiogram
ED	: Emergency Department
EMS	: Emergency Medical Services
ER	: Emergency Room
ESI	: Emergency Severity Index
GP	: General Practitioner
HAZMAT	: Hazardous Materials
HEMS	: Helicopter Emergency Medical Services
HIV	: Human Immunodeficiency Virus
HLS	: Helicopter Landing Site
ICU	: Intensive Care Unit
IFT	: Interfacility Transfer
IPPV	: Intermittent Positive Pressure Ventilation
IV	: Intravenous
MRI	: Magnetic Resonance Imaging
NICU	: Neonatal Intensive Care Unit
NLS	: Newborn Life Support
NRP	: Neonatal Resuscitation Program
PALS	: Pediatric Advanced Life Support
PAT	: Pediatric Assessment Triangle

- PPE** : Personal Protective Equipment
- PS** : Pressure Support
- SACC** : Specialized Acute Care Centers
- SIMV** : Synchronized Intermittent Mandatory Ventilation
- UCC** : Urgent Care Center

DEFINITIONS

Ambulance Services: services provided by a licensed ambulance provider in the ground, sea, or air transportation of ill or injured patient in a specially designed and equipped vehicle, which includes a trained prehospital professional who is licensed or certified as required by UAE law.

Ambulance Receiving Bay: is a designated area within a hospital where ambulances deliver ill or injured patients.

ATMIST (or equivalent standardized mechanism): is an acronym designed to enhance casualty handover by providing key points within a structure. The individual letters stand for:

- Age of the patient.
- Time of the incident or onset of symptoms
- Mechanism of injury or the mode of illness.
- Injuries seen or suspected
- Signs including vital signs and indication of improvement or deterioration.
- Treatment —Treatment given.

Emergency Medical Care: is patient care provided for an emergency condition (medical or surgical) whether prehospital or in hospital.

Emergency Medicine: It is the specialty of providing medical care for unscheduled illness or injury of variable severity. Emergency Medicine includes coordination of patient care

across multiple disciplines and final disposition for discharge or referral for admission and further management.

Emergency Severity Index (ESI): a tool for use in emergency department (ED) triage. The ESI algorithm yields rapid, reproducible, and clinically relevant stratification of patients into five groups, from level 1 (most urgent) to level 5 (least urgent). The ESI provides a method for categorizing ED patients by acuity with consideration of resource needs for stable, low-risk patients.

Emergency Department: 24/7 health facility dedicated to providing emergency medical care. It aims to admit, transfer, or discharge patients within four (4) hours. Led by an emergency medicine specialist or consultant, it operates with a multidisciplinary team, and diagnostic, surgical, and pharmacy capabilities to handle emergency and life-threatening cases.

HAZMAT/ CBRNE Team: is an organized group of professionals who are specially trained to handle hazardous materials, including chemical, biological, radiological, nuclear, and explosive substances.

Interfacility Transport (IFT): Transport of patient between two licensed medical facilities.

Level 2 Critical Care (High Dependency Units - HDUs): Provides monitoring and support for patients requiring intensive observation or support for a single organ system, such as those recovering from surgery or needing temporary respiratory assistance.

Level 3 Critical Care: Found in Intensive Care Units (ICUs), this level supports patients requiring advanced respiratory support or care for multiple organ systems, particularly in cases of multi-organ failure.

Level 3 NICU: Offers advanced critical care for premature infants (those born at less than 32 weeks' gestation) or critically ill newborns, including respiratory support and surgical care.

Level 4 NICU: The highest care level, providing specialized surgeries and Extracorporeal Membrane Oxygenation (ECMO) for the most critically ill infants.

Maternity Emergency Department: Facilities in a hospital dedicated to providing comprehensive obstetric and maternity emergency care. The Maternity Emergency Department should be open 24/7 and should be led by a consultant (onsite obstetrics and gynecology physician), with a multidisciplinary team, as well as diagnostic, surgical, and pharmacy capabilities to manage emergency or life-threatening maternity patients.

Medical Screening Examination: The medical screening examination aims to determine and document if the patient condition needs urgent attention or patient is stable and safe to seek treatment in another facility of their choice where they have insurance coverage and is to be performed by licensed medical practitioner or equivalent. Medical screening examination may include some testing to reach the conclusion of medical stability.

Pediatric Emergency Department: Department providing pediatric emergency medical care to children under the age of 18 years. The pediatric emergency Department is open 24 hours a day, seven days a week, and led by a consultant (onsite pediatric emergency trained physician), with a multidisciplinary team and nursing support, as well as diagnostic, surgical, and pharmacy capabilities to manage emergency or life-threatening pediatric patients.

Rural Emergency Department: Emergency Departments that provide urgent or emergent care to a community with low population density (defined as being less than 15,000 individuals) or operate in area of greater physical distance from urban city centers (distance measured as being more than 100 kilometers).

Specialized Acute Care Clinic: A center requiring considerations to support its specialized operational support requirements, which include a limited patient population (such as industrial workers screened for health, or limited volumes of patients seen). It is staffed by emergency medicine physicians and nurses and is capable of treating a limited range of healthcare emergencies tailored to a targeted patient population.

To mitigate the medium risk associated with high-acuity patients, the clinic features robust telemedicine and teleconsultation capabilities and is supported by appropriate patient transport systems such as HEMS and Marine EMS. To ensure that staff maintain full clinical competencies, they are regularly rotated to conventional ER duties.

Transfer: is the movement (including the discharge) of an individual outside a hospital's facilities at the direction of the patient's attending physician (or affiliated or associated, directly or indirectly, with) the hospital, to an accepting facility and attending physician but does not include such a movement of an individual who:

- Has been declared dead, or
- Leaves the facility without the permission of attending physician.

Urgent Care Centers: a walk-in ambulatory clinic that provide initial evaluation, stabilization, diagnostic capabilities to treat the least minor injuries and illnesses and transfer to a higher level of care if needed.

1. CLASSIFICATION AND SCOPE OF PRACTICE OF EMERGENCY CARE PROVISIONS

1.1. Emergency Department

All Emergency Departments must:

- Liaise with Emergency/Operation Center on emergency capacity.
- Register, clinically triage, and provide treatment for all patients with a medical emergency, to prevent loss of life or harm to limbs, body functions, or long-term health.

The scope of the Emergency Department (ED) is:

- 1.1.1. To provide evaluation and management of both adult and pediatric patients, whose condition might otherwise be compromised if not attended to immediately.
- 1.1.2. To manage life threatening and emergency medical, pediatric, mental health, maternal, and obstetric conditions.
- 1.1.3. To manage surgical conditions and procedures such as and not limited to wound management and burns.
- 1.1.4. To provide surgical interventions such as but not limited to the insertion of chest drains and needle thoracostomy.

1.2. Pediatric Emergency Department

The scope of Pediatric Emergency Department is:

- 1.2.1. To manage acute complex presentation and case mix including mental health for patients under the age of 18.

- 1.2.2. To have the capacity to respond to local serious incidents including participation in a formal disaster response plan.
- 1.2.3. To manage pediatric patients with major trauma and/or life-threatening conditions.
- 1.2.4. To have a dedicated retrieval service or to transfer and receive critically ill pediatric patients to designated hospitals or centers.

1.3. Maternity Emergency Department

The scope of Maternity emergency Department is:

- 1.3.1. To handle time-critical life-threatening gynecologic and obstetric conditions.
- 1.3.2. To provide neonatal emergency services, gynecological and obstetric care, mental health care, as well as anesthesia and surgical services on a 24-hourly service.
- 1.3.3. To treat all women with gynecological and reproductive concerns, including females during pregnancy, during delivery and in their post-partum period, defined as the six (6) weeks after giving birth.
- 1.3.4. To provide resuscitation and urgent care to the patients, including emergency surgical care. These conditions may include but are not limited to:
 - Pre-eclampsia and eclampsia.
 - Sepsis, including pelvic inflammatory disease (PID), tubo-ovarian abscesses (TOA), and endometritis.
 - Dysfunctional uterine bleeding, including life-threatening bleeding,
 - Premature rupture of membranes.
 - Suspected or ruptured ectopic pregnancies.
 - Post-partum hemorrhage.
 - Miscarriages.

- Emergency Delivery.
- Neonatal resuscitation following delivery.
- Post-abortion care.

1.4. Rural Emergency Department

The scope of a Rural Emergency Department is:

- 1.4.1. To provide appropriate initial diagnostic, treatment, and stabilization in life-threatening emergencies or acute injuries.
- 1.4.2. To allocate at least one (1) resuscitation area for providing advanced pediatric, adult, obstetric, or trauma life support, equipped with necessary medical tools and medications.
- 1.4.3. To transfer patients to a higher level of care if required treatment is not available on-site.

1.5. Specialized Acute Care Clinic

The scope of a Specialized Urgent Care Center is:

- 1.5.1. To provide care for a specific, targeted patient population different from the general population.
- 1.5.2. To provide appropriate diagnostic, stabilization, management, and transfer of acute cases inherent in the targeted population. This includes appropriate accommodations for robust teleconsultation and robust transport (e.g., Helipad or marine boat dock).

1.6. Urgent Care Centers

The scope of Urgent Care Center (UCC) is:

- 1.6.1. To provide an ambulatory service care to individuals of all ages, including both adults and children,
- 1.6.2. To 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 Department.
- 1.6.3. To be able to perform basic resuscitation, stabilization, and minor procedures in addition to medical care given by General Practitioners or specialists, and to be supported by Registered Nurses.
- 1.6.4. Transfer of patients on-campus or to a hospital-based emergency Department.
 - Patients who require further care should be transferred to appropriately sourced facilities through local ambulance Interfacility Transport (IFT) service systems.
 - Patients who meet appropriate prehospital severity index (ESI or equivalent) severity (e.g., stable) for Urgent Care may be transferred to the appropriate UCC facility. The handover should be within fifteen (15) minutes to a healthcare professional.

2. LICENSING REQUIREMENTS

Healthcare facility seeking to operate Emergency Departments and Urgent Care services must:

- 2.1. Comply with all the service requirements found in Appendices 1 through 6.
- 2.2. Healthcare professionals in the health facility shall hold an active, full-time professional license and work within their scope of practice.
- 2.3. All healthcare professionals in the Urgent Care and Emergency Departments must be privileged in accordance with the clinical privileges policy issued by the Concerned Health Authorities.

2.4. Healthcare service providers must comply with the terms and requirements of this Standard. Concerned Health Authorities may impose sanctions in relation to any breach of requirements under this Standard in accordance with the Complaints, Investigations, Regulatory Action, and Sanctions in the Health Regulator Manual.

3. MEDICAL EQUIPMENT AND SUPPLIES

3.1. Based on the classifications of Emergency Care Departments, each Department shall comply with the medical equipment and supplies found in Appendix 7, Appendix 8, Appendix 9, Appendix 10, and Appendix 11.

4. PHARMACOLOGIC/THERAPEUTIC DRUGS AND AGENTS

4.1. The Urgent Care and Emergency Departments requires Pharmacologic/Therapeutic Drugs and Agents that are aligned with the requirements of medication as per Concerned Health Authority guideline.

4.2. Refer to Appendix 14 for Emergency Medication list.

5. DESIGN REQUIREMENTS

5.1. Emergency Entrance: A well-marked, easily accessible, illuminated, and covered entrance at ground level shall be available for emergency services. Access shall be provided for both emergency vehicles and pedestrians separately. Design must allow safe ambulance inflow and outflow simultaneously.

5.1.1. A guide for the number of ambulances drop-off bays required by the number of ED beds is as follows:

- Up to 8 beds- 1 ambulance bays
- Up to 15 beds- 2 ambulance bays

- Up to 25 beds- 3 ambulance bays
- Up to 35 beds- 3-4 ambulance bays
- Up to 45 beds- 5 ambulance bays
- Up to 55 beds- 6 ambulance bays
- 65+ beds- based on traffic assessment

Note: Beds = Acute bed bays + Resus + Trauma but not observation or fast track

5.2. The health facility must have a flow to ensure that patients are moved smoothly through the emergency assessment, stabilization, inpatient, and outpatient care.

5.3. Health facilities should provide a safe environment for staff, patients, and visitors.

5.4. The health facility setting should maintain auditory and visual confidentiality.

5.5. The Emergency Department and Urgent Care facilities shall have the following facility design standards:

5.5.1. Entrance and reception area, receiving of patients.

5.5.2. Patients and visitor's waiting area(s).

5.5.2.1. Shall be located in a way that can be under direct observation of the reception staff, triage station, or control station, with access to a public phone and refreshments.

5.5.3. Patient toilet: minimum one (1) for male and another for female. Dedicated toilets should be provided for People of determination as per the standards and guidelines.

5.5.4. Security room.

5.5.5. Staff station

5.5.6. Triage Assessment area/ vital sign room shall be fitted with a wash basin.

5.5.7. Designated isolation room(s) shall be fitted with a wash basin and an ante room.

5.5.8. Observation/Short stay room(s) shall be fitted with a wash basin.

5.5.9. Assessment/Treatment room(s) shall be fitted with a wash basin.

5.5.10. Medication room shall be fitted with a wash basin

5.5.11. Procedure room(s) shall be fitted with wash basins.

5.5.12. Sufficient electrical outlets to meet medical equipment functional requirements.

5.5.13. Identified facilities shall have a decontamination area that has a separate drainage system where all water is captured in a tank that can be removed and treated by a HAZMAT team.

5.5.14. Patient Resuscitation Bay(s):

- Easy access from the ambulance entrance.
- Availability of a specialized resuscitation bed.
- Enough space is available for a 360-degree access to all parts of the patient for uninterrupted procedures.
- Decontamination Shower

5.5.15. Staff Areas which should include:

- Male and female changing rooms (toilets, shower, and lockers).
- Staff Room.
- Offices and workstations.
- Meeting rooms that may be used for education and teaching functions.

5.5.16. Support areas which should include:

- Clean utility room.
- Dirty utility room.
- Medical Disposal room.
- Equipment storeroom.
- Disaster storeroom.
- Storage area for consumable supplies.

5.5.17. Optional areas may include:

- Pediatric Assessment/Short Stay.
- Mental Health Assessment Rooms.
- Short-Stay Department/Emergency Medical Department for extended observation and management of patients.

5.5.18. Ambulance Receiving Base and Helicopter Landing Site (HLS)

- All Emergency Departments and Urgent Care facilities shall have access to ambulance services.

- HLS shall conform to Civil Aviation Authority Standards.

5.6. All pediatric and maternity EDs should be sufficiently designed to receive patients, with the same layout and service specific equipment as a General Emergency Department and in accordance with the concerned health authority's hospital regulation.

6. TRIAGE SYSTEM

Patient assessment in Triage is the patient's first point of contact followed by registration by clerical staff. The patient is rapidly assessed and assigned to the appropriate care zone according to the ESI as follows:

Categories	Description
ESI level-1	Requires immediate life-saving intervention. Many resources required. Must be seen immediately.
ESI level-2	Situation could progress to severe without intervention. Requires many resources. Seen within 15 minutes.
ESI level-3	Has the potential to increase in severity if not treated. Requires 3 or more resources. Seen within 30 minutes.
ESI level-4	Not severe or life threatening. Requires 1-2 resources. Seen within 60 minutes.
ESI level-5	Not life threatening in any way. no resources required. Can wait for treatment.

Resources: should be counted based on specific resource types, not individual tests or radiographs. For example, all laboratory tests (e.g., complete blood count, electrolytes, and coagulant studies) are considered one (1) resource, while a laboratory test and an imaging

study (e.g., chest radiograph) are counted as two (2) separate resources. For further details, refer to the ESI-Emergency Nurses Association ESI Handbook, 5th Edition (March 2023).

7. APPENDICES

Appendix 1: Licensing Requirements and Minimum Service Specifications for Emergency Departments

	Emergency Departments
1. Access	<p>Open 24/7 with access to comprehensive emergency services.</p> <ul style="list-style-type: none"> ○ Mandatory services and infrastructures: ○ Emergency Medicine ○ Internal Medicine ○ General Surgery ○ Radiology/ Diagnostic imaging including plain radiography, CT, and ultrasound and timely access to radiologist consultation and image interpretation, refer appendix 12. ○ Blood Bank ○ Clinical Laboratory services, refer appendix 13. ○ Anesthesiology ○ Operating Theatres ○ Critical Care ○ Psychiatric assessment area ○ Designated area for the assessment and management of pediatric patients <ul style="list-style-type: none"> ○ Pharmacy Services ○ Mortuary Services ○ Inpatient Services ○ Intensive Care Services ○ Sterile Supply Services

	<ul style="list-style-type: none"> ○ Emergency care services should be provided in a suitable location and within a safe environment that supports all age groups, considering accessibility for people of determination. ○ Availability of hospital wide escalation policy for when an ED is approaching full and the associated risks. Criteria for escalation should be determined locally. An escalation policy should involve all specialties with responsibilities for acute care. ○ There is a HLS readily accessible from the Emergency Department and should conform to Civil Aviation Authority standards.
<p>2. Assessment, Stabilization & Care</p>	<ul style="list-style-type: none"> • Capability to resuscitate patients with life-threatening conditions or injury. • Capability to assess and provide early treatment of patients with acute condition or severe/ life threatening injuries. • Use of five (5) Level Triage • Capability to supervise patients requiring a short period of programmed investigations and observation to ensure the safe discharge of patients with symptoms that might indicate serious illnesses and to prevent unnecessary hospital admissions.
<p>3. Clinical Staffing</p>	<ul style="list-style-type: none"> • The ED shall be led by an Emergency Medicine Consultant and Department Manager. All the medical staff working in the ED inclusive of physicians, shall report to the ED lead, and nurses/ department clerks shall report to the Department Manager. • At least one (1) Consultant/Specialist in Emergency Medicine per shift. • The following core specialties should be available on a 24-hour basis as part of emergency care, to give advice to patients. Response timelines shall be consistent with international standards and best

	<p>practices and captured in KPIs for quality assurance and performance improvement:</p> <ul style="list-style-type: none"> • Critical care specialist/ consultant. • Emergency medicine . • Surgeon(s). • Pediatric surgeon. • Anesthetist with pediatric skills. • Obstetrician. • Phlebotomist. • Nursing staff. <ul style="list-style-type: none"> • All nurses providing emergency services should hold and maintain a valid certificate in Advanced Trauma Care for Nurses (ATCN). • All physicians working in the ED with a General Practitioner license, specialist license in Internal medicine or General surgery, need to maintain active certification in adult, pediatric and trauma resuscitation (ACLS, PALS, ATLS,). Physicians with Emergency Medicine License are exempted from having active certification. • Availability of an appropriate mix of multidisciplinary emergency care team, consisting of members with the necessary levels of knowledge and skills aligned with their roles in delivering emergency care to patients of diverse acuity levels. Ensuring that staff receives appropriate and up-to-date training is essential to support the delivery of high-quality and safe emergency care. • Pediatric Emergency area can be staffed by trained pediatrics emergency physician (consultant or specialist), trained emergency medicine physicians (consultant or specialist) or pediatricians with experience in emergency medicine of no less than five (5) years or with an emergency medicine fellowship.
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<p>4. Admission & Handover</p>	<ul style="list-style-type: none"> • The ED should have procedures and policies to ensure effective coordination with incoming ambulances. This includes receiving information about the patient's condition in advance through a standardized mechanism such as the ATMIST or similar format and offering medical advice if requested by the ambulance. • Policies and procedures to ensure the availability of all in-patient services listed under "Access," including consultations and therapies, aiming to minimize the time required for definitive treatment once hospital admission is requested. • Staff scheduling must be designed to ensure safe handover within fifteen (15) minutes of arrival.
<p>5. Quality & Safety</p>	<ul style="list-style-type: none"> • Emergency Department Quality and Safety Committee to monitor, assess and improve performance based on KPI outcomes and report on adverse events. • Undertake regular clinical audits and review and take action to ensure that deficits identified are managed and addressed.
<p>6. Patient Referral, Retrieval & Transfer</p>	<ul style="list-style-type: none"> • The facility will have in place a patient referral and transfer process

Appendix 2: Licensing Requirements and Minimum Service Specifications for Pediatric Emergency Departments

<p align="center">Pediatric Emergency Departments</p>	
<p>1. Access</p>	<p>Open 24/7 with access to comprehensive pediatric emergency services.</p> <ul style="list-style-type: none"> • Mandatory services and infrastructures: <ul style="list-style-type: none"> ○ Pediatric Emergency Medicine consultant ○ Pediatric Critical Care Department

	<ul style="list-style-type: none"> ○ Radiology/ Diagnostic imaging including plain radiography, CT, and ultrasound and timely access to radiologist consultation and image interpretation. ○ Blood Bank ○ Clinical Laboratory services ○ Anesthesiology ○ Operating Theatres ○ Pediatric Surgery Service ○ Inpatient Services ○ Pharmacy Services • Emergency care services should be provided in a suitable location and within a safe environment that supports pediatric patients, considering accessibility for people of determination. • Availability of hospital wide escalation policy for when an ED is approaching full capacity and the associated risks. Criteria for escalation should be determined locally. An escalation policy should involve all specialties with responsibilities for acute care. • There is a HLS readily accessible from the Emergency Department and should conform to Civil Aviation Authority standards.
<p>2. Assessment, Stabilization & Care</p>	<ul style="list-style-type: none"> • Capability to resuscitate pediatric patients with life-threatening illness or injury. • Capability to assess and provide early treatment of pediatric patients with sudden serious illness or injury. • Use of five (5) Level Triage. Triage score PAT can be used in addition to five (5) level triages too. • Capability to supervise pediatric patients requiring a short period of programmed investigations and observation to ensure the safe discharge of patients with symptoms that might indicate serious illnesses and to prevent unnecessary hospital admissions.

3. Clinical Staffing

- The Pediatric ED shall be led by Department Manager and:
 - A Pediatric Emergency Medicine Consultant; or
 - Emergency Medicine Consultant, or
 - A Pediatric consultant with five (5) years emergency experience, or with Emergency Medicine fellowship, if no Pediatric Emergency Medicine consultant can be found.
- All the medical staff working in the Pediatric ED inclusive of physicians, shall report to the ED lead, and nurses/ department clerks shall report to the Department Manager.
- Pediatric Emergency Departments can be staffed by trained pediatrics emergency physician (consultant or specialist), trained emergency medicine physicians (consultant or specialist) or pediatricians with experience in emergency medicine of no less than five (5) years.
- At least one (1) Consultant/Specialist as identified above per shift.
- All physicians with a General Practitioner license, specialist license in Internal medicine or General surgery, need to maintain active certification in pediatric and trauma resuscitation (PALS, ATLS, NRP). Physicians with Emergency Medicine License are exempted from having active certification.
- Availability of an appropriate mix of multidisciplinary pediatric emergency care team, consisting of members with the necessary levels of knowledge and skills aligned with their roles in delivering emergency care to pediatric patients of diverse acuity levels.
Ensuring that staff receives appropriate and up-to-date training is essential to support the delivery of high-quality and safe pediatric emergency care.

<p>4. Admission & Handover</p>	<ul style="list-style-type: none"> • The ED should have procedures and policies to ensure effective coordination with incoming ambulances. This includes receiving information about the patient's condition in advance through a standardized mechanism such as the ATMIST or equivalent format and offering medical advice if requested by the ambulance. • Policies and procedures to ensure the availability of all in-patient services listed under "Access," including consultations and therapies, aiming to minimize the time required for definitive treatment once hospital admission is requested. • Staff scheduling must be designed to ensure safe handover within fifteen (15) minutes of arrival.
<p>5. Quality & Safety</p>	<ul style="list-style-type: none"> • Pediatric Emergency Department quality and safety committee to monitor, assess and improve performance and report on adverse events. • Undertake regular clinical audits and review
<p>6. Patient Referral, Retrieval & Transfer</p>	<ul style="list-style-type: none"> • The facility will have in place a patient referral and transfer process

Appendix 3: Licensing Requirements and Minimum Service Specifications for Maternity Emergency Departments

<p style="text-align: center;">Maternity Emergency Departments</p>	
<p>1. Access</p>	<p>Open 24/7 with access to comprehensive maternity emergency services.</p> <ul style="list-style-type: none"> • Mandatory services and infrastructures: <ul style="list-style-type: none"> ○ Obstetrics: emergency obstetric care, early pregnancy complications and postnatal emergency care with CTG services. ○ Neonatal intensive care for level 3 and above ○ Internal Medicine

	<ul style="list-style-type: none"> ○ Radiology/ Diagnostic imaging including plain radiography, CT, and ultrasound and timely access to radiologist consultation and image interpretation ○ Blood Bank ○ Clinical Laboratory services ○ Anesthesiology ○ Operating Theatres ○ Inpatient Services ○ Pharmacy Department ○ Critical Care or agreement to transfer patient who need ICU to another facility with critical care facility: If the facility has no onsite ICU (critical care level 3), the facility must have onsite critical care level 2 as well as access to another facility with ICU. • Emergency care services should be provided in a suitable location and within a safe environment that supports maternity and neonatal patients, considering accessibility for people of determination. • Availability of hospital wide escalation policy for when an ED is approaching full capacity and the associated risks. Criteria for escalation should be determined locally. An escalation policy should involve all specialties with responsibilities for acute care.
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<p>2. Assessment, Stabilization & Care</p>	<ul style="list-style-type: none"> • Capability to resuscitate maternity and neonatal patients with life-threatening illness or injury. • Capability to assess and provide early treatment of maternity patients with sudden serious illness or injury. • Use of five (5) Level Triage. • Capability to supervise patients requiring a short period of programmed investigations and observation to ensure the safe discharge of patients with symptoms that might indicate serious illnesses and to prevent unnecessary hospital admissions.
<p>3. Clinical Staffing</p>	<ul style="list-style-type: none"> • The Maternity Emergency Department shall be led by an Obstetric Consultant/Specialist and Department Manager. All the medical staff working in the Maternity ED inclusive of physicians, shall report to the ED lead, and nurses/ department clerks shall report to the Department Manager. • The following core specialties should be available on a 24-hour basis as part of maternity emergency care, to give advice for patients: <ul style="list-style-type: none"> • At least one (1) Consultant/Specialist in Obstetrics per shift.. • A Neonatologist Consultant or specialist per shift. • An Anesthesia specialist • Nursing staff • Actively certified midwives • Radiographer. • Phlebotomist. • Registration officer. • Quality officer. • Ancillary services and allied health providers.

	<ul style="list-style-type: none"> • All obstetricians, neonatologists, nurses, and midwives need to maintain active certification in adult and neonatal resuscitation (ACLS, ALSO, NRP,NLS). • Availability of an appropriate mix of multidisciplinary emergency care team, consisting of members with the necessary levels of knowledge and skills aligned with their roles in delivering emergency care to patients of diverse acuity levels. Ensuring that staff receives appropriate and up-to-date training is essential to support the delivery of high-quality and safe emergency care.
4. Admission & Handover	<ul style="list-style-type: none"> • The maternity emergency Department should have procedures and policies to ensure effective coordination with incoming ambulances. This includes receiving information about the patient's condition in advance through a standardized mechanism such as the ATMIST format and offering medical advice if requested by the ambulance. • Policies and procedures to ensure the availability of all in-patient services listed under "Access," including consultations and therapies, aiming to minimize the time required for definitive treatment once hospital admission is requested. • Staff scheduling must be designed to ensure safe handover within fifteen (15) minutes of arrival.
5. Quality & Safety	<ul style="list-style-type: none"> • Maternity Emergency Department quality and safety committee to monitor, assess and improve performance and report on adverse events. • Undertake regular clinical audits and review
6. Patient Referral, Retrieval & Transfer	<ul style="list-style-type: none"> • The facility will have in place a patient referral and transfer process

Appendix 4: Licensing Requirements and Minimum Service Specifications for Rural Emergency Departments

	Rural Emergency Departments
1. Access	<p>Open 24/7 with access to comprehensive emergency services.</p> <ul style="list-style-type: none"> • Mandatory services and infrastructures: <ul style="list-style-type: none"> ○ Operating Theatres ○ Radiology/ Diagnostic imaging including plain radiography, CT and ultrasound and timely access to radiologist consultation and image interpretation. ○ Basic Blood Bank services (ability to transfuse blood for unstable patients) ○ Clinical Laboratory services (either as conventional testing or point of care testing). ○ Designated area for the assessment and management of pediatric patients ○ Psychiatric assessment area. ○ Transfer agreements for surgical services not provided onsite. ○ Pharmacy Services • Services that can be provided remotely via tele-consultation (patient to physician): <ul style="list-style-type: none"> ○ Internal Medicine ○ General Surgery ○ Neurology ○ Cardiology • Services that can be provided through tele-counseling (physician to physician) to assist in the emergency management of complex

	<p>patients and those requiring stabilization and transfer to a higher level of care:</p> <ul style="list-style-type: none"> ○ Internal Medicine ○ General Surgery and Surgical Specialties ○ Anesthesiology ○ Critical Care <ul style="list-style-type: none"> • The following core specialties should be available on a 24-hour basis as part of emergency care, to give advice for patients: <ul style="list-style-type: none"> • Specialist or Consultant Emergency Medicine Physicians • General Practitioners • Registered Nurses • Radiographer • Phlebotomist • Registration Officer • Emergency care services should be provided in a suitable location and within a safe environment that supports all age groups, considering accessibility for people of determination. • Availability of hospital wide escalation policy for when an ED is approaching full capacity and the associated risks. Criteria for escalation should be determined locally. An escalation policy should involve all specialties with responsibilities for acute care.
<p>2. Structure</p>	<ul style="list-style-type: none"> • There is at least one (1) room designated as the “Resuscitation” room. • There is a HLS readily accessible from the Emergency Department and should conform to Civil Aviation Authority standards.

<p>3. Assessment, Stabilization & Care</p>	<ul style="list-style-type: none"> • Capability to resuscitate patients with life-threatening illness or injury. • Capability to assess and provide early treatment of patients with sudden serious illness or injury. • Use of five (5) Level Triage. • Capability to supervise patients requiring a short period of programmed investigations and observation to ensure the safe discharge of patients with symptoms that might indicate serious illnesses and to prevent unnecessary hospital admissions.
<p>4. Clinical Staffing</p>	<ul style="list-style-type: none"> • The Rural ED shall be led by an Emergency Medicine Consultant and Department Manager. All the medical staff working in the ED inclusive of physicians, shall report to the ED lead, and nurses/ department clerks shall report to the Department Manager. • At least one (1) Consultant/Specialist in Emergency Medicine per shift. • All physicians working in the Rural ED need to maintain active certification in adult, pediatric and trauma resuscitation (ACLS, PALS, NRP, ATLS). Physicians with Emergency Medicine License working in Rural area only and not covering shifts in tertiary or secondary hospitals are included. • Availability of an appropriate mix of multidisciplinary emergency care team, consisting of members with the necessary levels of knowledge and skills aligned with their roles in delivering emergency care to patients of diverse acuity levels. Ensuring that staff receives appropriate and up-to-date training is essential to support the delivery of high-quality and safe emergency care. • Pediatric Emergency area, if present, can be staffed by trained pediatrics emergency physician (consultant or specialist), trained

	<p>emergency medicine physicians (consultant or specialist) or pediatricians with experience in emergency medicine of no less than five (5) years.</p>
<p>5. Admission & Handover</p>	<ul style="list-style-type: none"> • The emergency Department should have procedures and policies to ensure effective coordination with incoming ambulances. This includes receiving information about the patient's condition in advance through a standardized communications process such as ATMIST format and offering medical advice if requested by the ambulance. • Policies and procedures to ensure the availability of all in-patient services listed under "Access," including consultations and therapies, aiming to minimize the time required for definitive treatment once hospital admission is requested. • Staff scheduling must be designed to ensure safe handover within fifteen (15) minutes of arrival.
<p>6. Quality & Safety</p>	<ul style="list-style-type: none"> • The Emergency Department Quality and Safety Committee shall monitor, assess, and improve performance, while reporting on any adverse events. • Regular clinical audits and reviews shall be conducted to ensure continuous improvement in quality and adherence to safety standards.
<p>7. Patient Referral, Retrieval & Transfer</p>	<ul style="list-style-type: none"> • The facility will have in place a patient referral and transfer process

Appendix 5: Licensing Requirements and Minimum Service Specifications for Specialized Acute Care Centers

	Specialized Acute Care Center
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<p>1. Access</p>	<p>Open 24 hours a day, seven (7) days a week with access to comprehensive emergency services.</p> <ul style="list-style-type: none"> • Mandatory services and infrastructures: <ul style="list-style-type: none"> ○ Emergency Medicine ○ Radiology/ Diagnostic imaging including plain radiography, CT, and ultrasound and timely access to radiologist consultation and image interpretation ○ Limited Blood Bank ○ Clinical Laboratory services ○ Limited Pharmacy services ○ Limited Mortuary services ○ Sterile Supply services • Services that can be provided remotely via tele-consultation (patient to physician): <ul style="list-style-type: none"> ○ Internal Medicine ○ General Surgery ○ Neurology ○ Cardiology ○ Anesthetist • Emergency care services should be provided in a suitable location and within a safe environment that supports targeted age groups, considering accessibility for people of determination. • Availability of evacuation policy for when an SACC is overwhelmed by multiple/ mass casualty incident and the associated risks. Criteria for escalation should be determined locally. An escalation policy should involve all appropriate capabilities with responsibilities for acute care.
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<p>2. Assessment, Stabilization & Care</p>	<ul style="list-style-type: none"> • Capability to resuscitate patients with life-threatening conditions or injury. • Capability to assess and provide early treatment of patients with acute condition or severe/ life threatening injuries. • Use of five (5) Level Triage • Capability to supervise patients requiring a short period of programmed investigations and observation to ensure the safe discharge of patients with symptoms that might indicate serious illnesses and to prevent unnecessary hospital admissions.
<p>3. Clinical Staffing</p>	<ul style="list-style-type: none"> • The SACC shall be led by an Emergency Medicine Consultant and a Center Manager. All the medical staff working in the SACC, inclusive of physicians, shall report to the SACC lead, and nurses/ center clerks shall report to the Center Manager. • At least one (1) Consultant/Specialist in Emergency Medicine per shift. • The following core specialties should be available on a 24-hour basis as part of emergency care, to give advice for patients: <ul style="list-style-type: none"> • Medical Physician(s) • Nursing staff • All physicians working in the SACC with a General Practitioner license, specialist license in Internal medicine or General surgery, need to maintain active certification in adult, pediatric and trauma resuscitation (ACLS, PALS, ATLS, ATCN). Physicians with Emergency Medicine License are exempted from having active certification.

	<ul style="list-style-type: none"> • Availability of an appropriate mix of multidisciplinary emergency care team, consisting of members with the necessary levels of knowledge and skills aligned with their roles in delivering emergency care to patients of diverse acuity levels. Ensuring that staff receives appropriate and up-to-date training is essential to support the delivery of high-quality and safe emergency care.
4. Admission & Handover	<ul style="list-style-type: none"> • The SACC should have procedures and policies to ensure effective coordination with incoming ambulances. This includes receiving information about the patient's condition in advance through a standardized mechanism such the ATMIST format and offering medical advice if requested by the ambulance. • Policies and procedures to ensure the availability of all in-patient services listed under "Access," including consultations and therapies, aiming to minimize the time required for definitive treatment once hospital admission is requested. • Staff scheduling must be designed to ensure safe handover within fifteen (15) minutes of arrival.
5. Quality & Safety	<ul style="list-style-type: none"> • Emergency Department quality and safety committee to monitor, assess and improve performance and report on adverse events. • Undertake regular clinical audits and review
6. Patient Referral, Retrieval & Transfer	<ul style="list-style-type: none"> • The facility will have in place a robust patient referral and transfer process

Appendix 6: Licensing Requirements and Minimum Service Specifications for Urgent Care Centers

Urgent Care Centers	
1. Access	<p>Open 24/7 with access to comprehensive urgent services.</p> <ul style="list-style-type: none"> • Mandatory services and infrastructures: <ul style="list-style-type: none"> ○ Radiology/ Diagnostic imaging including plain radiography, ○ Clinical Laboratory services • Provision of Urgent Care services should be provided in a suitable location and within a safe environment that supports all age groups, considering accessibility for people of determination. • Availability of hospital wide escalation policy for when an Urgent Care Center is approaching full and the associated risks. Criteria for escalation should be determined locally.
2. Assessment, Stabilization & Care	<ul style="list-style-type: none"> • Capability to resuscitate patients with life-threatening illness or injury. • Capability to assess and provide early treatment of patients with sudden serious illness or injury. • Stabilize and transfer patients with an immediate risk /threat to life, limb, body function or long-term health to an Emergency Department by interfacility ambulance.
3. Clinical Staffing	<ul style="list-style-type: none"> • The Urgent Care Center shall be led by Consultant and Center Manager. All the staff working in the Urgent Care Center inclusive of physicians, shall report to the Center lead, and nurses/ center clerks shall report to the Center Manager. • At least one (1) Consultant/Specialist or GP per shift. • All Urgent Care Center physicians need to maintain active certification in adult and pediatric resuscitation (ACLS, PALS).

	<ul style="list-style-type: none"> • Availability of an appropriate mix of multidisciplinary Urgent Care team, consisting of members with the necessary levels of knowledge and skills aligned with their roles in delivering urgent care to patients. Ensuring that staff receives appropriate and up-to-date training is essential to support the delivery of high-quality and safe urgent care.
4. Admission & Handover	<ul style="list-style-type: none"> • Staff scheduling must be designed to ensure safe handover within fifteen (15) minutes of arrival.
5. Quality & Safety	<ul style="list-style-type: none"> • Urgent Care Center quality and safety committee to monitor, assess and improve performance and report on adverse events. • Undertake regular clinical audits and review
6. Patient Referral & Transfer	<ul style="list-style-type: none"> • The facility should have in place a patient transfer agreement as per the Concerned Health Authorities Standard for Inter-facility patient transfer. <ul style="list-style-type: none"> ○ If a center lacks support services availability, it should ensure timely transfer to other facility for appropriate care. ○ If patient care mandates access to other medical services, such as surgical, orthopedic, or medical sub-specialties, then the center should have a clear policy set forth for such patient disposition and transfer to other facility.

APPENDIX 7: MEDICAL EQUIPMENTS AND SUPPLIES IN URGENT CARE SETTING

Urgent Care Center
<ul style="list-style-type: none"> • Vital signs measuring and monitor. • Pulse oximetry. • Thermometer. • Glucometer. • Urine analysis (available within 20 minutes).

- Oscopes, ophthalmoscope, stethoscope.
- Torch and tongue depressor.
- Laceration repair kit with suturing material.
- Nebulizer and steam inhaler.
- Splints, crepe bandage and arm sling.
- 12 -lead ECG machine.
- Crash cart.
- Automated external defibrillator (AED)

APPENDIX 8: EQUIPMENT AND SUPPLIES FOR THE EMERGENCY DEPARTMENT

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 also does not include routine office items such as paper, desks, paper clips, and chairs.

Location in Emergency Department	Equipment and Supplies
Entire Department	<ul style="list-style-type: none"> • Central monitoring station capability; • Portable monitors with Appropriate physiological monitors, including but not limited to temperature, blood pressure, heart rate, blood oxygen saturation; • Emergency/crash cart with a plastic breakable seal that can be easily removed during emergency. It must be equipped with defibrillator, necessary drugs (preferably prefilled syringe if available) and other CPR equipment and test strips. A logbook must be nearby to indicate the maintenance and regular check of the crash cart and its components. • Defibrillator with monitor and power source that must have AED modes;

- Patient stretchers for easy movement and transporting of patients.
- Nurse-call system for patient use;
- Supplies for venipuncture and blood cultures;
- Supplies for the administration of IV therapies;
- Medical gas supply at each bay- oxygen, air and suction
- Portable suction regulator;
- Infusion pumps including blood transfusion pumps;
- Syringe pumps.
- IV poles;
- Adult and pediatric bag-valve-masks;
- Portable oxygen tanks and oxygen supply;
- Peak flow meter.
- Blood/ fluid warmer and tubing and a rapid infusion device;
- Nasogastric suction supplies;
- Nebulizer;
- Urinary catheters, including but not limited to straight catheters, Foley catheters, Coude catheters, in addition to appropriate means for urine sample collection;
- Intraosseous needles and placement equipment;
- Lumbar puncture sets;
- Blanket warmer;
- Blanket cooler;
- Tonometer;
- Lead aprons and hangers for staff safety.
- Split apart stretchers and head blocks
- Traction devices
- Slit lamp;

	<ul style="list-style-type: none"> • Wheelchairs and other appropriate mobility devices and transfer-assist devices; • Medication dispensing system with locking capabilities; • Sterile separately wrapped instruments (specifics vary by Department); • Weight scales (adult and infant); • Pediatric treatment and dosing table (pediatric emergency tape); • Ear irrigation and cerumen removal equipment; • Vascular Doppler; • Adult and pediatric crash cart; • Suture or minor surgical procedure sets (generic); • Portable sonogram equipment; • ECG (EKG) machine preferably integrated with the electronic medical record; • Point of care testing; • Influenza swabs; • Other necessary infection-related swabs or assays; • X-ray viewing capabilities; • Secure, modern and reliable computer system with access to electronic health/medical record; • High-speed, reliable and secure internet connection; • Patient tracking system; • Radio or other reliable means for communication with the pre-hospital care providers; • Patient discharged information system; • Patient registration system/information services; • Inter- and intradepartmental staff communication system – pagers, mobile phones;
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	<ul style="list-style-type: none"> • ED charting system for physician, nursing, and attending physician documentation equipment; • Reference material (subscriptions) including toxicology information; • Appropriate personal protective equipment (PPE) based on the local infectious disease authorities; • Linen (e.g., pillows, towels, wash cloths, gowns, blankets); • Patient belongings or clothing bag with secure means of temporary storage; and • Equipment for adequate housekeeping.
<p>General Examination Rooms</p>	<ul style="list-style-type: none"> • 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); • Step stool; • Equipment to perform pelvic exam; • Seating for family members or visitors; • Adequate lighting, including procedure lights as indicated; • Adequate sinks for hand washing, including dispensers for germicidal soap and paper towels; • Wall mounted oxygen flow meter, including nasal cannulas, face masks, and venturi masks; • Wall mounted suction capability, including both tracheal cannulas and larger cannulas; • Wall mounted or portable otoscope/ophthalmoscope; • Stethoscope; • Biohazard-disposal receptacles, including for sharps; and • Medical/General waste receptacles for non-contaminated materials.

Resuscitation Room	<p>All items listed for general examination rooms plus:</p> <ul style="list-style-type: none"> • Access to adult and pediatric crash cart to include appropriate medication charts; • Newborn and pediatric resuscitation equipment. • Capabilities for direct communication with the nursing station (preferable hands free); • Radiography equipment; • Portable ultrasound; • Radiographic viewing capabilities; • Airway needs: <ul style="list-style-type: none"> ○ Adult, pediatric and infants' bag-valve masks. ○ Cricothyroidotomy instruments and supplies. ○ Endotracheal tubes, size 2.5 to 8.5 mm. ○ Fiberoptic laryngoscope, video laryngoscope, or alternative rescue intubation equipment. ○ Laryngoscopes, straight and curved blades and stylets. ○ Supraglottic Airway Device (SAD) ○ Oral and nasal airways. ○ 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. • Breathing: <ul style="list-style-type: none"> ○ Noninvasive Ventilation System (BiPAP/CPAP). ○ Closed-chest drainage device. ○ Chest tube instruments and supplies. ○ Emergency thoracotomy instruments and supplies. ○ End-tidal CO2 monitor or module. ○ Nebulizer.
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	<ul style="list-style-type: none"> ○ Pulse oximetry. ○ Portable transport ventilator with multiple modes (IPPV, SIMV, spontaneous, PS). • Circulation <ul style="list-style-type: none"> ○ Automatic noninvasive physiological monitor preferably integrated with the electronic medical record ○ Blood/fluid infusion pumps and tubing. ○ Automatic chest compression device with cardiac compression board ○ Automated compression device for CPR ○ Central venous catheter setups/kits. ○ Invasive blood pressure monitoring equipment ○ Intraosseous needles insertion equipment available in different sizes for adults and pediatrics. ○ IV catheters, sets, tubing, poles. ○ Monitor/defibrillator with pediatric paddle, internal paddles, appropriate pads and other supplies. ○ Pericardiocentesis instruments. ○ Rapid infusion equipment or pressure bag. ○ Temporary external pacemaker. ○ 12-Lead ECG machine preferably integrated with the electronic medical record. ○ Blood pressure monitoring devices with adult/child sized cuffs. ○ Point of care devices for rapid glucose and ketone levels.
Trauma and Miscellaneous Resuscitation	<ul style="list-style-type: none"> • Blood salvage/auto transfusion device; • Hypothermia thermometer; • Infant warming equipment; Resuscitaire

	<ul style="list-style-type: none"> • Spine stabilization equipment to include cervical collars, short and long boards; • Immobilization devices; limb splints • Vein viewers. • Therapeutic hypothermia modalities; • Warming/cooling blankets. • Emergency obstetric instruments and supplies: <ul style="list-style-type: none"> ○ Emergency delivery kits (sterile drapes, towels, gauze, surgical blades, Kelly clamps, Cord clamps, rubber suction bulbs, gauze sponges, hemostatic forceps/tissue forceps, placenta basins). ○ Equipment kits for emergency Caesarean section (perimortem C-section).
<p>Other Special Rooms</p>	<p>All items listed for general examination rooms plus:</p> <ul style="list-style-type: none"> • Orthopedic <ul style="list-style-type: none"> ○ Cast cutter. ○ Cast and splint application supplies and equipment. ○ Crutches. ○ External splinting and stabilization devices. ○ Radiographic viewing capabilities. ○ Traction equipment, including hanging weights and finger straps. • Eye/ENT <ul style="list-style-type: none"> ○ Eye chart. ○ Ophthalmic tonometry device (applanation, Schiötz, or other). ○ Other ophthalmic supplies as indicated, including eye spud, rust ring remover, cobalt blue light. ○ Slit lamp. ○ Ear irrigation and cerumen removal equipment.

	<ul style="list-style-type: none"> ○ Epistaxis instrument and supplies, including balloon posterior packs. ○ Frazier suction tips. ○ Headlight. ○ Laryngoscopy mirror. ○ Plastic suture instruments and supplies. • OB-GYN <ul style="list-style-type: none"> ○ Fetal Doppler and ultrasound equipment. ○ Obstetrics/ gynecology examination light. ○ Vaginal specula in various sizes. ○ Sexual assault evidence-collection kits (as appropriate). ○ Access to baby warmer.
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APPENDIX 9: EQUIPMENT AND SUPPLIES FOR THE PEDIATRIC EMERGENCY DEPARTMENT

Type of Equipment	Equipment and Supplies
General Equipment	<ul style="list-style-type: none"> • Weight scale in kilograms; • Blood pressure cuffs (Neonatal, Infant, Child); • Electrocardiography monitor/defibrillator with pediatric capabilities including pads/paddles; • Vital signs monitors • Thermometers • Pulse oximeter with pediatric attachment; and • Pediatric stethoscopes.
Essential Equipment	<ul style="list-style-type: none"> • Pediatric airway and ventilation equipment including;

	<ul style="list-style-type: none"> ○ Appropriate oxygen delivery devices. ○ Bag valve masks: infant/pediatric with proper fitting masks. ○ Nasopharyngeal and oropharyngeal airways. ○ Endotracheal tubes of appropriate sizes. ○ Color coded length-based resuscitation tape ○ Pediatric laryngoscopes with straight and curved blades. • Suction catheters; • Pediatric nasogastric tubes; • Pediatric infusion sets and catheters; • Intraosseous needles insertion equipment; • Appropriate vascular access devices; and • Central line catheters (4, 5, 6, 7 F).
Additional/special Equipment	<ul style="list-style-type: none"> • Lumbar-puncture tray with different lumbar puncture needles; • Supplies/kit for patients with difficult airway (Supraglottic airways of all sizes, laryngeal mask airway, needle cricothyrotomy supplies, surgical cricothyrotomy kit; • Chest tubes to include: 10, 12, 16, 24 F; • Newborn delivery kit, including equipment for resuscitation of an infant (umbilical clamp, scissors, bulb syringe, and towel); and • Urinary catheterization kits and urinary (indwelling) catheters (6F–14F).

APPENDIX 10: EQUIPMENT AND SUPPLIES FOR THE MATERNITY EMERGENCY DEPARTMENT

Type of Equipment	Equipment and Supplies
General Equipment	<ul style="list-style-type: none"> • Vital sign monitor

	<ul style="list-style-type: none"> • Thermometers. • Weight Scale. • Cardiotocographic (CTG) machine
Other equipment	<ul style="list-style-type: none"> • Humidified heated oxygen source. • Compressed air source with oxygen blender. • Radiant warmers with temperature sensor. • Foam or hard wedge devices (i.e. Cardiff wedge device). • 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. • Neonatal cannulation and catheterization kits that include umbilical vein and artery access equipment in multiple sizes, umbilical tape. • Foley's Catheters of multiple sizes, Coudé catheters, Nasogastric tubes • Equipment for managing hypothermia (Blankets, warm humidifiers). • Lumbar Puncture sets, Central line cannulation kits, Thoracotomy tubes • Wheelchairs and mobility assistance devices. • ECG machine. • Infection-related swabs or assays (influenza swab, wound culture swab, vaginal swab). • Ultrasonography machines with appropriate probes (vaginal, abdominal, vascular, and cardiac). • Vaginal Speculums. • Access to Word Catheters. • Pelvic examination kits

	<ul style="list-style-type: none"> • Access to incubators and transport incubators • Delivery kit
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APPENDIX 11: EQUIPMENT AND SUPPLIES FOR THE SPECIALIZED ACUTE CARE CENTERS

The items mentioned below should be available for instant use. The list does not include routine medical or surgical supplies such as adhesive bandages, gauze pads and suture material. It also does not include routine office items such as paper, desks, paper clips, and chairs.

Location in Emergency Department	Equipment and Supplies
Entire Department	<ul style="list-style-type: none"> • Central station monitoring capability; • Appropriate physiological monitors, including but not limited to temperature, blood pressure, heart rate, blood oxygen saturation; • Emergency/crash cart with a plastic breakable seal that can be easily removed during emergency. It must be equipped with defibrillator, necessary drugs and other CPR equipment and test strips. A logbook must be nearby to indicate the maintenance and regular check of the crash cart and its components. • Defibrillator with monitor and power source; • Nurse-call system for patient use; • Supplies for venipuncture and blood cultures; • Supplies for the administration of IV therapies; • Portable suction regulator; • Infusion pumps including blood transfusion pumps; • IV poles; • Adult bag-valve-masks;

	<ul style="list-style-type: none"> • Portable oxygen tanks and oxygen supply; • Peak flow meter. • Blood/ fluid warmer and tubing; • Nasogastric suction supplies; • Nebulizer; • Urinary catheters, including but not limited to straight catheters, Foley catheters, Coude catheters, in addition to appropriate means for urine sample collection; • Intraosseous needles and placement equipment; • Lumbar puncture sets; • Blanket warmer; • Blanket cooler; • Tonometer; • Slit lamp; • Wheelchairs and other appropriate mobility devices and transfer-assist devices; • Medication dispensing system with locking capabilities; • Sterile separately wrapped instruments (specifics vary by Department); • Weight scales (adult and infant); • Pediatric treatment and dosing table (pediatric emergency tape); • Ear irrigation and cerumen removal equipment; • Vascular Doppler; • Anoscope; • Adult crash cart; • Suture or minor surgical procedure sets (generic); • Portable sonogram equipment; • ECG (EKG) machine; • Point of care testing;
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	<ul style="list-style-type: none"> • Influenza swabs; • Other necessary infection-related swabs or assays; • X-ray viewing capabilities; • Secure, modern and reliable computer system with access to electronic health/medical record; • High-speed, reliable and secure internet connection; • Patient tracking system; • Radio or other reliable means for communication with the pre-hospital care providers; • Patient discharged information system; • Patient registration system/information services; • Inter- and intradepartmental staff communication system – pagers, mobile phones; • ED charting system for physician, nursing, and attending physician documentation equipment; • Reference material (subscriptions) including toxicology information; • Appropriate personal protective equipment (PPE) based on the local infectious disease authorities; • Linen (e.g., pillows, towels, wash cloths, gowns, blankets); • Patient belongings or clothing bag with secure means of temporary storage; and • Equipment for adequate housekeeping.
<p>General Examination Rooms</p>	<ul style="list-style-type: none"> • 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); • Step stool; • Equipment to perform pelvic exam;

	<ul style="list-style-type: none"> • Chair/ stool for emergency staff; • Seating for family members or visitors; • Adequate lighting, including procedure lights as indicated; • Adequate sinks for hand washing, including dispensers for germicidal soap and paper towels; • Wall mounted oxygen supplies and equipment, including nasal cannulas, face masks, and venturi masks; • Wall mounted suction capability, including both tracheal cannulas and larger cannulas; • Wall mounted or portable otoscope/ophthalmoscope; • Sphygmomanometer/stethoscope; • Biohazard-disposal receptacles, including for sharps; and • Medical/General waste receptacles for non-contaminated materials.
Resuscitation Room	<p>All items listed for general examination rooms plus:</p> <ul style="list-style-type: none"> • Access to adult crash cart to include appropriate medication charts; • Capabilities for direct communication with the nursing station (preferable hands free); • Radiography equipment; • Portable ultrasound; • Radiographic viewing capabilities; • Airway needs: <ul style="list-style-type: none"> ○ Adult bag-valve masks. ○ Cricothyroidotomy instruments and supplies. ○ Endotracheal tubes, size 2.5 to 8.5 mm. ○ Fiberoptic laryngoscope, video laryngoscope, or alternative rescue intubation equipment. ○ Laryngoscopes, straight and curved blades and stylets.

	<ul style="list-style-type: none"> ○ Access to Laryngoscope mirror and supplies. ○ Laryngeal Mask Airway (LMA). ○ Oral and nasal airways. ○ Access to Tracheostomy instruments and supplies. • Breathing: <ul style="list-style-type: none"> ○ Noninvasive Ventilation System (BiPAP/CPAP). ○ Closed-chest drainage device. ○ Chest tube instruments and supplies. ○ Emergency thoracotomy instruments and supplies. ○ End-tidal CO2 monitor or module. ○ Nebulizer. ○ Pulse oximetry. ○ Portable transport ventilator with multiple modes (IPPV, SIMV, spontaneous, PS). • Circulation <ul style="list-style-type: none"> ○ Automatic noninvasive physiological monitor. ○ Blood/fluid infusion pumps and tubing. ○ Cardiac compression board. ○ Central venous catheter setups/kits. ○ Central venous pressure monitoring equipment. ○ Intraosseous needles insertion equipment available in different sizes for adults and pediatrics. ○ IV catheters, sets, tubing, poles. ○ Monitor/defibrillator with pediatric paddle, internal paddles, appropriate pads and other supplies. ○ Pericardiocentesis instruments. ○ Rapid infusion equipment. ○ Temporary external pacemaker.
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	<ul style="list-style-type: none"> ○ Access to Trans venous and/or transthoracic pacemaker setup and supplies. ○ 12-Lead ECG machine. ○ Blood pressure monitoring devices with adult/child sized cuffs. ○ Point of care devices for rapid glucose and ketone levels.
<p>Trauma and Miscellaneous Resuscitation</p>	<ul style="list-style-type: none"> • Blood salvage/auto transfusion device; • Hypothermia thermometer; • Infant warming equipment; • Spine stabilization equipment to include cervical collars, short and long boards; • Therapeutic hypothermia modalities; • Warming/cooling blankets.
<p>Other Special Rooms</p>	<p>All items listed for general examination rooms plus:</p> <ul style="list-style-type: none"> • Orthopedic <ul style="list-style-type: none"> ○ Cast cutter. ○ Cast and splint application supplies and equipment. ○ Crutches. ○ External splinting and stabilization devices. ○ Radiographic viewing capabilities. ○ Traction equipment, including hanging weights and finger straps. • Eye/ENT <ul style="list-style-type: none"> ○ Eye chart. ○ Ophthalmic tonometry device (applanation, Schiotz, or other). ○ Other ophthalmic supplies as indicated, including eye spud, rust ring remover, cobalt blue light. ○ Slit lamp.

	<ul style="list-style-type: none"> o Ear irrigation and cerumen removal equipment. o Epistaxis instrument and supplies, including balloon posterior packs. o Frazier suction tips. o Headlight. o Laryngoscopy mirror. o Plastic suture instruments and supplies.
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APPENDIX 12: RADIOLOGIC, IMAGING AND OTHER DIAGNOSTIC SERVICES IN EMERGENCY DEPARTMENTS

Duration and availability	Services
The following should be available 24 hours a day for emergency patients	<ul style="list-style-type: none"> • Emergency ultrasound services for the diagnosis of obstetrics/gynecologic, cardiac and hemodynamic problems and other urgent conditions and Doppler studies. • Computed tomography; • X-ray.
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.	<ul style="list-style-type: none"> • Radiographic: <ul style="list-style-type: none"> o Arteriography/venography. o Dye-contrast studies (intravenous pyelography, gastrointestinal contrasts, and others). o Magnetic resonance imaging services or the ability to arrange for urgent MRI.

APPENDIX 13: SUGGESTED LABORATORY CAPABILITIES

The following are mandatory laboratory capabilities for a 24/7-operating ED. This list is not comprehensive and may be adjusted in response to changing guidelines and requirements.

Laboratory capabilities	Services
Blood Bank	<ul style="list-style-type: none"> • Type and cross matching capabilities; • Emergency blood, • Availability of Bank products, and • Ability to support massive transfusion protocols
Chemistry	<ul style="list-style-type: none"> • Ammonia; • Anticonvulsants and other therapeutic drug levels; • Arterial blood gases; • Bilirubin (total and direct); • B-type natriuretic peptides (BNP); • Calcium; • Cardiac enzymes; • Creatinine; • Electrolytes (blood and CSF); • Ethanol (as applicable); • Glucose (blood and CSF); • Lactate; • Lipase; • Liver function test (ALT, AST, alkaline phosphatase); • Methemoglobin; • Osmolality; • Protein (CSF); • Serum magnesium; and • Urea nitrogen.
Microbiology	<ul style="list-style-type: none"> • Carboxyhemoglobin to rule out CO poisoning • Acid fast smear/staining; • Chlamydia and gonorrhea testing; • Counter immune electrophoresis for bacterial identification;

	<ul style="list-style-type: none"> • Gram staining and culture/sensitivities; • Herpes testing; • Rapid viral testing (COVID, Influenza, and others); • Strep screening; • Viral culture; and • Wright stain.
Hematology	<ul style="list-style-type: none"> • Cell count and differential (blood, CSF, joint and other body fluid analysis); • Coagulation studies; • Erythrocyte sedimentation rate; • Platelet count; • Reticulocyte count; and • Sickle cell prep.
Other	<ul style="list-style-type: none"> • Hepatitis screening; • HIV screening; • Mononucleosis spot; • Serology (syphilis, recombinant immunoassay); • Pregnancy testing (qualitative and quantitative); • Urinalysis. • Serum alcohol level • Toxicology screening panel

APPENDIX 14: EMERGENCY MEDICATION LIST

Medication Description/ Classification	Route	Strength				Form	Utilization	Quantity
Adenosine	Injection	3	mg	/1	ml	Ampule/Vial	H/ (PHC - R) - F	5
Salbutamol injection	Injection	500	mcg	/1	ml	Injectable solution	H/ (PHC - R) - F	1

Salbutamol Aerosol Inhalation Nebules	Inhalation (via nebulizer)	1	mg	/1	ml	Nebules	H/(PHC - R) - F	10
Amiodarone hydrochloride	Injection	150	mg	/3	ml	Ampule	H/(PHC - R)	2
Atropine sulphate	Injection	0.5-0.6	mg	/1	ml	Ampule	H/PHC - F	6
Calcium Gluconate	Injection	10%	w/v	10	ml	Ampoule	H/(PHC - R) - F	2
Diazepam	Rectal	5	mg	/2.5	ml	Tube	H/PHC	1
Dobutamine	Injection	250	mg	/20	ml	Vial	H/(PHC - R) - F	1
Dopamine hydrochloride	Injection	200	mg	/5	ml	Ampule	H/(PHC - R) - F	1
Adrenaline (Epinephrine)	Injection	0.15	mg			Auto-Injector	H/PHC	1
Adrenaline (Epinephrine) - (1/1'000)	Injection	1	mg	/1	ml	Ampule/ Prefilled Syringe	H/PHC/ PMD - F	10
Furosemide	Injection	20	mg	/2	ml	Ampule	H/PHC - F	5
Glucagon	Injection	1	mg			Pen/ Prefilled Syringe	H/PHC	1
Hydrocortisone sodium succinate	Injection	250	mg	/2	ml	Vial	H/PHC/ PMD - F	1
Insulin Neutral (Human)	Injection	100	iu	/1	ml	Vial	H/PHC	1
Labetalol hydrochloride	Injection	5	mg	/1	ml	Ampule/Vial	H/(PHC - R) - F	1
Midazolam	Injection	15	mg	/3	ml	Ampule	H - F	1
Glyceryl Trinitrate	Sublingual	400	mcg			Spray	H/PHC - F	1
Noradrenaline (Norepinephrine)	Injection	4	mg	/4	ml	Ampule	H/(PHC - R) - F	2
Propofol	Injection	200	mg	/20	ml	Ampule	H - F	1
Cisatracurium	Injection	2	mg	/1	ml	Vial	H - F	2
Rocuronium bromide	Injection	1000%	mg	/1	ml	Vial	H - F	2
Sodium Bicarbonate	Injection	0.084	w/v	50	ml	Vial	H/(PHC - R) - F	2
Fentanyl citrate(preservative free)	Injection	0.1	mg	/2	ml	Ampule	H - F	2
Ketamine	Injection	200	mg	/20	ml	Vial	H - F	1

Lorazepam	Injection	400%	mg	/1	ml	Ampule	H - F	2
Mannitol	Injection	0.1	w/v	500	ml	Solution in Bag/ Bottle	H - F	1
Metoclopramide hydrochloride	Injection	10	mg	/2	ml	Ampule	H/ PHC - F	2
Morphine sulphate preservative free	Injection	10	mg	/1	ml	Ampule	H/ PHC - F	2
Suxamethonium	Injection	100	mg	/2	ml	Ampule	H - F	2
Flumazenil	Injection	10%	mg	/1	ml	Ampule	H/(PHC - R) - F	1
Naloxone	Injection	0.04	mg	/2	ml	Ampule	H - F	5
Metoprolol tartrate	Injection	1	mg	/1	ml	Ampule	H - F	2
Dextrose 50%	Injection	0.5	w/v	500	ml	Solution in Bag/ Bottle	H/ PHC - F	1
Dextrose 10%	Injection	0.1	w/v	500	ml	Solution in Bag/ Bottle	H/ (PHC - R) - F	1
Sodium chloride 0.9%	Injection	0.009	w/v	500	ml	Solution in Bag/ Bottle	H/ PHC - F	2
Magnesium Sulphate	Injection	0.1	w/v	/10	ml	Ampoule/ Vial	H/ (PHC - R) - F	2