Oncology Services Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection:_____/_____/_____

Ref.	Description	Yes	No	N/A	Remarks
1	**Introduction**				
1.5.6.2.	To obtain the DHA license, the applicant must meet the following:				
1.5.6.2.3.	Install and operate equipment required for provision of the proposed services in accordance with manufacturer specifications.				
1.5.6.2.5.	Maintain Charter of Patients' rights and responsibilities noticeably posted on the facility premises at least in two languages (Arabic and English).				
1.5.6.2.6.	Provide evidence of FANR license to use the Ionizing Radiology equipment in the facility.				
1.5.6.2.7.	Maintain adequate lighting and utilities, including temperature controls, water taps, sinks and drains, electrical outlets and telecommunication systems.				
1.5.6.2.8.	Keep floors, work surfaces, and other areas clean and neat.				
1.5.6.2.9.	Clearly, display signage and direction for different services provided in at least in two languages (Arabic and English).				
1.5.6.2.10.	Clearly displayed hazardous signs aimed to restrict access for the safety of patients, visitors and staff.				
2	**General Design Considerations**				
2.12.	Door swings shall be oriented to provide patient privacy.				
2.18.	Carpet or wooden flooring shall not be used in examination and treatment rooms. But can be used in waiting areas and				

	corridors. Carpet if used shall be glued or stretched tight and free of loose edges or wrinkles.				
2.21.	Joints for floor openings for pipes and ducts shall be tightly sealed.				
2.24.	Nurse call and emergency call facilities shall be provided in all patient areas (e.g. bed/chair spaces, toilets and bathrooms) and clinical areas in order for patients and staff to request for urgent assistance.				
2.25.	Maintain an Uninterrupted Power Supply (UPS) for backup, the power supply of, which shall be able to support all functions of the equipment in the oncology center during treatment.				
4	**Reception and Waiting Areas**				
4.5.	Alcohol-based hand rub/ sanitizer dispensers shall be available.				
5	**Consultation and Examination Rooms**				
5.5.	A hand-washing station with a hands-free operating tap and disposable liquid or foam soap dispensers shall be provided in all examination room(s).				
5.6.	Sinks shall be designed with deep basins, made of porcelain, stainless steel, or solid surface materials.				
5.7.	Hand sanitation dispensers shall be provided in addition to hand-washing stations.				
5.8.	Provisions for hand drying shall be available at all hand-washing stations.				
5.9.	The area below the hand washing station shall be free of clutter at all times.				
6	**Diagnostic Imaging services**				
6.2.4.	Special consideration shall be given to indirect lighting, curtains and noise control.				

7	**Radiation Oncology Services**				
7.8.	The radiation unit may have an inpatient facility for frail patients, patients travelling long distances and the occasional patient who has severe reactions to any of the treatments administered in the facility (a bed for every 10 patients).				
7.13.	The area of the control panel shall be considered as a controlled area, to prevent accidental exposure of patients by restriction of access to non-related persons, and distraction to the operator of a radiotherapy machine.				
7.14.	Supervised areas may involve areas surrounding brachytherapy patients' rooms or around radioactive source storage and handling areas.				
7.15.	Certain staff members need to be monitored with individual dosimeters. Individual external doses can be assessed by using individual monitoring devices such as thermoluminescent dosimeters or film badges, which are usually worn on the front of the upper torso. These shall include:				
7.15.1.	Radiation oncologists				
7.15.2.	Radiotherapy physicists				
7.15.3.	Radiation protection officer				
7.15.4.	Radiotherapy technologists				
7.15.5.	Source handlers				
7.15.6.	Maintenance staff				
7.15.7.	Nursing or other staff who must spend time with patients under treatment with brachytherapy.				
7.16.7.	The treatment rooms shall be as far as possible from highly occupied areas. The treatment room shall have:				
7.16.7.3.	A door interlock or other suitable means to prevent				

	unauthorized access.				
7.16.7.4.	A door with a fail-safe interlock to switch off the radiation beam (i.e. return the source to the shielded position) if the door is opened during a treatment. Restarting irradiation shall require both closing of the door and activation of a switch at the control console. This is intended as a reminder to record the irradiation time given prior to opening the door.				
7.16.7.5.	A sign on the door to indicate that the room contains radiation sources or radioactive materials.				
7.16.7.8.	Emergency buttons located inside the room to shut off the radiation, and these shall be reachable without passing through the radiation beam.				
7.17.9.1	Be designed in accordance to the FANR specifications and recommendations and be provided with a locked door to control access to the radioactive material.				
7.17.9.2.	Provide a sign posted on the door warning of the radiation hazard.				
7.17.9.3.	Contain shielded storage for all sources and have facilities for receiving, preparing, calibrating and returning sources.				
7.17.9.4.	Have a visible radiation monitoring area on entering the room and while preparing the sources.				
7.17.9.5.	Maintain space for a workbench.				
7.17.9.6.	Provide a cabinet for the necessary instruments, equipment, treatment aid and the required documents.				
7.17.9.7.	Provide space for source transportation trolleys.				
7.17.9.8.	Provide storage to allow decay of sources to safe levels.				
7.17.10.	The operating room shall				
7.17.10.1.	Preferably, have an X ray unit, with fluoroscopic capabilities to enable the position of the applicator or catheters to be				

	checked, and if necessary repositioned, before the patient leaves the operating suite.				
7.17.10.2.	Availability of localization X rays (orthogonal or stereo-shifted X rays) required for dose calculation purposes. If no X ray unit is in the operating room, these functions must be available elsewhere.				
7.17.12.2.	Ensure that shielded according to FANR must comply with the FANR laws and regulations regarding the use of ionizing radiation and radioactive materials. For further information regarding FANR regulations and				
7.17.12.3.	A sign shall be posted on the door warning of the radiation hazard.				
7.17.12.4.	A list with the maximum duration of daily visits by members of the public shall be posted on the door.				
7.17.12.5.	If several rooms are required, they shall be adjacent to each other.				
7.17.12.6.	The patient shall be attended by nurses with special training in the care of radiation therapy patients.				
7.17.12.7.	Each patient room shall have an attached toilet for patient convenience.				
7.17.12.8.	Storage for a bedside shield and emergency source container shall also be provided.				
7.17.12.9.	The patient rooms used to house the LDR brachytherapy patients until they are ready to be discharged may not need to have shielding in their walls if mobile lead shields around the patient's bed are made available.				
7.17.13.	Additional requirements for LDR remote afterloading				
7.17.13.1.	The shielding requirements for uncontrolled areas surrounding the treatment area are unchanged.				
7.17.13.2.	Additional requirements for remote afterloading include:				

7.17.13.2.1	Additional floor space and required utilities (dedicated compressed air and power sources)				
7.17.13.2.	A door interlock or other suitable means to prevent unauthorized access to the patient rooms;				
7.17.13.2.3.	An area radiation monitor that is safe against a power failure in the patient rooms.				
7.17.14.	**Procedures that are unique to LDR sources are:**				
7.17.14.1.	The sources shall be inspected visually for possible damage after each use, by means of magnifying viewers and a leaded viewing window in a shielded work area.				
7.17.14.2.	There shall be a diagram at the source storage safe that shows the exact location of each source within the safe, thus reducing the time taken to locate and identify a source. Sources shall only be handled with long forceps or tongs.				
7.17.14.3.	When transporting sources, a mobile shielded container is needed and the shortest route possible shall be used.				
7.17.14.4.	Sources that come into direct contact with body tissues will require cleaning and possible sterilization after each use. This can subject the sources to possible damage from heat, abrasion, chemicals and mechanical stresses. Therefore, these sources must be inspected after every use.				
7.17.14.5.	Work surfaces shall be easy to clean and brightly lit to make it easy to find any sources that have been dropped.				
7.17.14.6.	If the source storage and preparation room is also the applicator loading room, there shall be a sink for cleaning the applicators. However, a sink can also lead to a loss of sources to the sewage system when a source is left in the applicator or a patient removes a source and puts it in the sink, situations that are preventable by placing a filter in its				

	drain.				
7.18.4.	An HDR brachytherapy facility can have:				
7.18.8.1.	Ensure an interlock on the door that will cause the source to be retracted into its shielded housing if the door is opened during the time the source is on.				
7.18.8.2.	Ensure an indicator at the door of the HDR treatment room as well as at the treatment console indicating the treatment is on or off.				
7.18.9.1.	Treatment rooms shall be locked.				
7.18.9.2.	Only qualified persons shall do source transfer.				
7.18.9.3.	Great care must be taken when disposing the source - it MUST be returned to an authorized person or company.				
7.18.9.4.	Source inventories shall be maintained that show the location and current activity of each source at the facility with a unique identifier for each source. This may either be a colour coded or letter/number identifier.				
7.18.9.5.	Sources shall never be left on preparation surfaces.				
7.18.9.6.	Leak tests (using moist wipes) must be performed and documented on a periodic basis, and these must have a sensitivity sufficient to detect a very low increase above the background radiation level. For the HDR unit, the wipe tests are only performed on the afterloading drive assembly and transport containers, since the source itself has too high dose rate to allow this type of test.				
7.18.10.	Area surveys shall be performed periodically around the source storage facilities for HDR sources.				
7.18.11.	The storage facilities must be marked to indicate that they contain radioactive materials as well as a way to contact the individual responsible for radiation safety in the event of an emergency.				

7.18.12.	The storage facilities must be kept locked at all times with sufficient shielding and must be resistant to fire.				
7.18.13.	Every item in the source storage shall be labelled and be well organized in compartments with easy access when required.				
7.18.14.	After every brachytherapy treatment, the patient shall be monitored with a radiation detection (GM type) survey meter to ensure that no radioactive source remains in the patient.				
7.18.16.	Maintain a logbook to update every source movement.				
7.18.18.	Responsibility for sources only ends after they have been safely disposed and disposal has been documented.				
7.18.19.	A hospital is NOT a suitable place for long-term storage of high activity sources.				
7.18.20.	Procedures that are unique to HDR sources are:				
7.18.20.3.	Maintain an emergency container for emergency safety, precautions in the treatment room, as well as an emergency kit containing surgical clamps and long handled forceps for manipulation of the source guide tubes and applicators.				
7.18.20.4.	The emergency container shall be placed close to the patient and shall be sufficiently large that it can accept the entire applicator assembly containing the source removed from any patient.				
7.18.21.1.	The doors to the source storage rooms need to be locked and have a sign indicating that there are radioactive materials stored within.				
7.18.22.	**Equipment**				
7.18.22.3.	All radiation equipment shall be locked when not in use.				
7.18.22.5.	The need for external training of the radiation oncology				

	professional staff (physicians, physicists and technologists) shall be described, as well as the need for on-site technical experts for training and helping to manage program implementation and monitoring its progress.				
7.18.25.1.	These include, but are not limited to, daily, monthly, and annual radiation treatment machine QA procedures.				
7.19.	Healthcare professional for a Radiation therapy Unit REQUIREMENTS FOR CLINICAL RADIATION THERAPY Consultant Radiation oncologist-in-chief (1 per Radiation therapy unit) Staff radiation oncologist/ Physician (1:200/250 patients treated annually No more than 25–30 patients under treatment by a single physician at any one time.) Radiation physicist (1:400 patients annually.) Treatment planning staff: Dosimetrists or physics assistant (1: 300 patients treated annually) RTT (Radio Therapy Technologist) (2:25 patients treated daily) RTT-Simulator (2: 500 patients simulated annually) RTT-Brachytherapy (As needed) Registered Nurses (1: 300 patients treated annually) Social worker (As needed to provide service) Dietician (As needed to provide service) Physiotherapist (As needed to provide service) Biomedical Engineer (If equipment serviced 'in-house') Note: If advanced or special techniques are to be undertaken, staff additional to the above will be required.				
8	**Chemotherapy Unit**				

8.5.	The chemotherapy unit can have inpatient services only with an Internal Medicine Consultant / Specialist present at the facility at all times and provide a minimum of 5- 6 inpatient beds.				
8.6.	In case a chemotherapy unit is a freestanding facility it shall:				
8.6.1.	Maintain a contract with the closest hospital with inpatient services to manage emergencies or complications.				
8.6.2.	Provide an in-house ambulance service.				
8.10.	Sterile Preparation Room (SPR) / Buffer area and Anteroom / pharmacy				
8.20.	Nurse call and emergency call facilities shall be provided in all patient areas (e.g. bed/chair spaces, toilets etc.) and clinical areas in order for patients and staff to request for urgent assistance. The alert to staff members shall be done in a discreet manner.				
8.25.	Hand washing facilities with liquid soap dispenser, disposable paper towels and personal protection equipment (PPE) shall be readily available for staff within the unit.				
8.29.	The chemotherapy unit shall maintain a crash cart to deal with emergencies.				
8.31.	Services that support and are linked with chemotherapy may include:				
8.31.1.	Physiotherapy (Lymph oedema management)				
8.31.2.	Occupational therapy				
8.31.3.	Dietetic / Nutrition services				
8.31.4.	Clinical Psychology				
8.31.5.	Social work services				
8.31.6.	Community and outreach cancer services				

8.31.7.	Palliative Care and hospice				
8.31.8.	Complementary therapies (e.g. relaxation, stress management and massage)				
8.31.9.	Wig and prosthesis services.				
8.32.	**Cytotoxic waste:**				
8.32.1.	Breakable contaminated needles, syringes, ampoules, broken glass, vials, intravenous sets and tubing, intravenous and intravesical catheters etc. shall be placed into designated leak-proof; puncture proof sharps containers that clearly and visibly displays the cytotoxic hazard symbol.				
8.32.2.	Non-breakable contaminated materials including disposable gowns, gloves, gauzes, masks, intravenous bags, etc. shall be placed in thick sealed plastic bags, hard plastic or cytotoxic containers that clearly and visibly display the cytotoxic hazard symbol. When full, the bags and containers shall be placed in the oncology waste container.				
8.32.3.	Clearly marked chemotherapy waste receptacles shall be kept in all areas where cytotoxic drugs are prepared or administered.				
8.32.4.	All cytotoxic drug waste shall be separated from general waste.				
11	**Support areas for Oncology Patient care**				
11.8.	Equipment and supply storage- The oncology center shall make provisions for the following requirements:				
11.10.	The storage area shall be temperature controlled.				
11.11.	All material shall be clearly marked with expiration dates.				
12	**Healthcare Professionals requirement**				
12.4.1.	Diagnostic Radiologist				

12.4.2.	Radiologist				
12.4.3.	Radiographer				
12.4.4.	Magnetic Resonance Imaging (MRI) Technologist				
12.4.5.	Sonographer				
12.5.	**For radiation therapy unit; the clinical use of ionizing radiation is a complex process involving highly trained personnel in a variety of interrelated activities that include:**				
12.5.1.	Radiation Oncologist				
12.5.1.1.	There will be one (1) radiation oncologist for each 35-45 patients under treatment at the facility.				
12.5.2.	Physicist				
12.5.2.1.	There will be one physicist present for each center.				
12.5.2.2.	A therapist with specialized training in dosimetry, a “Dosimetrist”, may render additional support.				
12.5.3.	Radiotherapy Technologist				
12.5.3.1.	Two technologists are required for the operation of each treatment machine.				
12.5.3.2.	An additional technologist will also be present with special training in simulation techniques.				
12.5.4.	Mould Room Technician				
12.5.5.	Nuclear Medicine Technologist				
12.5.6.	Specialty Nurse- Oncology				
12.5.6.1.	A nurse with special competence and skills required for the management of oncology patients.				
12.5.7.	**Support personnel**				
12.5.7.2.	Additional staff may be required for transcription, mold fabrication and other tasks as identified by the facility.				
12.6.	Chemotherapy Unit				

12.6.1.	Medical Oncologist				
12.6.2.	Clinical Pharmacist				
12.6.3.	Specialty Nurse- Oncology				
12.6.4.	Palliative care physician				
12.7.	**Surgical Oncology Unit**				
12.7.1.	Anaesthesiologist				
12.7.2.	Surgical Oncologist				
12.7.3.	Specialty Nurse – Oncology				
12.7.4.	Anaesthesia Technologist				
12.7.5.	Anaesthesia Technician				
12.8.	**Pediatric Oncology Unit**				
12.8.1.	Pediatric Oncologist				
12.8.2.	Pediatric Hematologist				
12.8.3.	Pediatric Surgeon/ Surgical oncologist (as per 12.8.12)				
12.8.4.	Pediatric Transfusion Medicine				
12.8.5.	Registered Nurse				
12.8.6.	Pediatric Nurse				
12.8.8.	**Pediatric hematologist/oncologist is the coordinator for the diagnosis and treatment of most children and adolescents with cancer. He/ she must be assisted by a competent team to provide effective treatment that can comprise of:**				
12.8.8.1.	Pediatric oncology nurses who are certified in chemotherapy, knowledgeable about pediatric protocols, and experienced in the management of complications of therapy.				
12.8.8.2.	Rehabilitation Pediatric physical and mental rehabilitation services including pediatric physiatrists.				

12.8.8.3.	Social Workers and access to support groups.				
12.8.8.4.	Pediatric Nutrition Expert				
12.8.9.	Radiologists with specific expertise in the diagnostic imaging of infants, children, and adolescents.				
12.8.10.	Radiation oncologist trained and experienced in the treatment of infants, children and adolescents.				
12.8.11.	Pediatric Surgeons/ Urologist; Surgical specialists with pediatric expertise (i.e., training and certification, if available) in neurosurgery, orthopedics, ophthalmology, otolaryngology, etc.				
12.8.12.	Pediatric Subspecialists available to participate actively in all areas of the care of the child with cancer, including anaesthesiology, intensive care, infectious diseases, cardiology, neurology, endocrinology and metabolism, genetics, gastroenterology, child and adolescent psychiatry, nephrology, and pulmonology.				
12.8.13.	A pathologist experienced in pediatric oncology is an essential member of the multidisciplinary team at the pediatric oncology center.				
12.9.	**Clinical Laboratory**				
12.9.1.	Anatomic and clinical pathologist				
12.9.2.	Cytopathologist				
12.9.3.	Hematopathology				
12.9.4	Pediatric Pathologist				
12.10.	Support staff that the facility may have are:				
12.10.1.	Nursing staff				
12.10.2.	Biomedical Engineer				
12.10.3.	Quality Assurance officer				
12.10.4.	IT support staff				

12.10.5.	Pharmacist				
12.10.6.	Therapist (Physiotherapist, Occupational Therapist, Speech Therapist)				
12.10.7.	Social Workers				
12.10.8.	Clinical Psychologist				
12.10.9.	Dieticians				
12.10.10.	Wig fitters				
12.10.11.	Emergency Medical Technician Advances (Paramedic)				
12.11.	Physicians				
12.11.1.	A DHA licensed consultant oncologist shall be nominated as the medical director of the oncology center who shall be responsible for overall management of the facility.				
12.11.2	A DHA licensed consultant paediatric oncologist must be associated with the facility in case Paediatric oncology services are provided (children from birth to eighteen (18) years of age, this age could be extended to twenty-one (21) years of age as per the American Cancer Society).				
12.11.3.	The paediatric oncologist must be present when paediatric oncology services are provided.				
12.11.5.	The oncologist shall be contactable at all times to render emergency care.				
12.11.11.	**There shall be a documented Quality Assurance Program (QAP) to ensure quality patient care through objective and systematic monitoring, evaluation, identification of problems and action to improve the level and appropriateness of care. The QAP shall include:**				
12.11.11.1.	Documented policies and procedures related to the safety while conducting all patient care activities.				
12.11.11.2.	Documented regular biannual reviews of the policies and procedures.				

12.11.11.3.	Documented reviews of deaths, accidents, complications and injuries arising from treatment.				
12.12.	**Nursing Staff**				
12.12.1.	Nurses with specialized knowledge and skills shall provide oncology-nursing care.				
12.12.2.	The nurse in-charge must be a qualified DHA licensed Registered Nurse (RN), with at least two (2) years of experience in oncology.				
12.12.3.	The ratio of trained RNs/ patients shall be 1: 3 at a given time.				
12.12.4.	All the nurses shall have an Oncology Nursing Society (ONS) certification and maintain Continuous Professional Development (CPD) by attending ONS programs.				
12.12.5.	There shall be at least one (1) nurse with a minimum of six (6) months of training or experience/ training to be physically present at the oncology center at all times to monitor the patients throughout the treatment/ procedure, to be available to deal with any emergencies that may arise and to alert the oncologist when necessary.				
12.12.7.	All RNs shall hold current BLS and ACLS certifications.				
12.13.	**Biomedical Engineer**				
12.13.1.	Employ a biomedical engineer or have contracts with the manufacturers of the equipment for regular monitoring and maintaining equipment.				
12.14.	**Radiation Safety Officer**				
1.1.1.	Uses ionizing radiations for medical use may be required to have a Radiation Protection Program (RPP).				
12.15.	Quality Assurance officer				
12.18.	**Clinical Psychologist**				
12.18.1.	At least one (1) DHA licensed clinical psychologist to help				

	people who are having difficulty coping with cancer or cancer treatment.				
12.19.	**Dietician**				
12.19.1.	At least one (1) dietician shall maintain progress notes of all patients treated in the facility.				
12.20.	**Medical Social Worker**				
12.20.1.	There shall ideally be some medical social workers associated with oncology center. The medical social workers shall be involved in psychosocial evaluation, case work counselling of patients and families, group work, evaluate and facilitate rehabilitation, team care planning and collaboration, facilitating community agency referral, improve communication with treating team. The social workers are required to maintain notes of the patients.				
12.21.	**Infection Control Nurse**				
12.21.1.	To perform regular audits, conducts surveillance of cultures and insures best practice for patient access.				
14	**Patient care Types of materials provided to the patients**				
14.7.	Provide full-time access to translation services to ensure accurate translation and effective communication among all healthcare professionals and the patient and family.				
16	**Psychosocial Services**				
16.1.	Ensure patient access to psychosocial services either on-site or by referral.				
17	**Rehabilitation Services**				
17.1.	Ensures access to rehabilitation services and identifies the rehabilitative services that are provided either on-site or by referral.				
18	**Nutrition Services**				
18.2.	An adequate spectrum of services shall be available				

	(screening and referral for nutrition-related problems, comprehensive nutrition assessment, nutrition counseling, and education) either onsite or by referral, with a procedure in place to ensure patient awareness of and access to services.				
19	**Palliative care services**				
19.3.	Palliative care services shall be available to patients either on-site or by referral.				
19.4.	An interdisciplinary team of medical and mental health professionals, social workers, and spiritual counselors shall be available or accessible to provides palliative care services.				
19.6.	The palliative service team consists of :				
19.6.1.	Physician: Hospice and palliative medicine physician is strongly encouraged.				
19.6.2.	Nurse: trained in hospice and palliative care is strongly encouraged.				
19.6.3.	Pharmacist				
19.6.4.	Social worker				
19.6.5.	Chaplain or spiritual care counselor				
19.6.6.	Trained volunteer				
20	**Critical Care Services**				
20.1.	In case of a freestanding oncology center, it must have an contract/ agreement with a hospital with an Intensive Care Unit (ICU), which must be accessible within a maximum of 10 minutes' drive from it to receive patients in case of emergency.				
20.2.	There must be a competent and DHA licensed RN with suitable training and experience in critical care on duty to provide the critical care services if required. The evidence				

	of competency and training shall include, but not limited to the following:				
20.2.1.	Recognizing arrhythmias				
20.2.2.	Infection control principles				
20.2.3.	Training in using defibrillator				
20.3.	Critical care equipment must be immediately available at the oncology center for immediate and safe provision of care if required.				
21	**Emergency Services**				
21	The oncologist in charge shall ensure that there are facilities for emergency resuscitation, as well as documented protocols/procedures to deal with cardiopulmonary collapse and urgent medical treatment as patients may develop hypotension, fits or collapse during treatment. In addition, the oncologist in charge must:				
21.1.	Ensure that there are prior arrangements made for patients receiving treatment to be admitted in a nearby hospital in case of a freestanding facility, shall the need arise, within 10 minutes' driving time.				
21.2.	Ensure that there are standing arrangements with other healthcare professionals to provide immediate medical care in the event that the physician in charge is not available.				
21.3.	Ensure there is an ambulance available at any given time to transfer the patient to a hospital in case of any medical emergency.				
21.4.	Ensure that the ambulance service is accessible and at close proximity.				
21.5.	In case the oncology center has its own ambulance service the ambulance services shall be ready with licensed, trained and qualified Emergency Medical Technicians (EMT) for				

	patient transportation if required, this service can be outsourced with a written contract with an emergency services provider licensed in Dubai. Clear patient transport protocol shall be maintained.				
21.6.	The ambulance shall maintain the following, but not limited to:				
21.6.1.	Sets of instruments, which shall include suturing set, dressing set, foreign body removal set or minor set and cut down set.				
21.6.2.	Disposable supplies which shall include suction tubes (all sizes), tracheostomy tube (all sizes), intravenous cannula (different sizes), IV sets, syringes (different sizes), dressings (gauze, sofratulle, etc.), crepe bandages (all sizes), splints (Thomas splints, cervical collars, finger splints).				
21.6.3.	Portable vital signs monitor (ECG, Pulse-Oximetry, Temperature, NIBP, and EtCO2).				
21.6.4.	Portable transport ventilator with different ventilation mode (IPPV, SIMV, spontaneous, PS).				
21.6.5.	Suction apparatus.				
21.7.	Emergency drugs, devices, equipment and supplies must be available for immediate use in the emergency area for treating life-threatening conditions.				
21.8.	Storage areas for general medical or surgical emergency supplies, medication and equipment shall be under staff control and out of path of normal traffic.				
21.9.	A record must be kept for each patient receiving emergency services and must be integrated into the patient's health records, the record shall patient name, date, time and method of arrival, physical findings, care and				

	treatment provided, name of treating doctor and discharging/transferring time.				
22	**Safety**				
22.1.	There must be provision for emergency electric power supply for equipment in case of power failure.				