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## Trauma Centers Inspection Checklist- Final

Name of the Facility: \_\_\_\_\_

Date of Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ref.	Description	Yes	No	N/A	Remarks
<b>5</b>	<b>STANDARD ONE: REGISTRATION AND LICENSURE PROCEDURES</b>				
5.5.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).				
5.6.	The health facility shall have in place a written plan for monitoring equipment for electrical and mechanical safety, with monthly visual inspections for apparent defects.				
5.7.	The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets and communications.				
<b>6</b>	<b>STANDARD TWO: HEALTH FACILITY REQUIREMENTS</b>				
6.2.	All trauma centers should install and operate medical equipment in accordance to the manufacturer's specifications.				
6.3.	The trauma center design shall provide assurance of patients and staff safety.				
6.4.	All trauma centers shall ensure easy access to the health facility and treatment areas for all patient groups.				
6.5.	Trauma Centers should be clearly identified from all approaches with illuminated signposting to allow visibility at night.				

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6.6.	All trauma centers shall be equipped to receive people of determination.				
6.7.	The emergency unit must be located on ground floor, with an easy access for walk-in patients and for patients brought by ambulance. It must be equipped and staffed sufficiently.				
6.8.	Car parking should be close to the entrance, well-lit and available exclusively for patients, their relatives and staff. Parking areas should be available close to the Emergency Unit for urgent call-in staff.				
6.9.	Ambulance drop-off bays must be available according to the number of emergency beds as per the table in (Appendix 1).				
6.10.	Well-equipped ambulance vehicles must be ready with qualified medical staff for patient transportation if required.				
6.11.	There must be a Decontamination area for patients who are contaminated with toxic substances. It may be integrated with the Ambulance bay or directly accessible from the ambulance bay without entering any other part of the unit. The decontamination area consists of shower heads in a section of the ambulance bay ceiling or a dedicated internal room with a shower hose spray. The decontamination area should have a separate drainage system.				
6.12.	There must be a clear display of scope of services, patient and family rights and responsibilities and clear direction signage for service areas.				
<b>7</b>	<b>STANDARD TWO: GENERAL TRAUMA CENTER REQUIREMENTS</b>				
7.5.	All trauma centers shall have IT, Technology and Health Records services which include but are not limited to:				

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7.5.1.	Electronic Medical Record (EMR) System (with Medical file, nursing notes, lab, pharmacy and radiology systems availability/integration)				
7.5.2.	An integration with NABIDH platform.				
7.5.3.	Picture archiving communications systems (PACS) should be in place for access to patient imaging results.				
7.5.4.	Wireless network setup for ease of communication.				
7.5.7.	Patient call, nurse assist call, emergency call systems must be available.				
7.5.8.	Telephones should be available in all offices, at all staff stations, in the clerical area and in all consultation and other clinical rooms.				
7.6.	Requirements for Triage, Referral and Patient Transfer:				
7.6.6.	Trauma centers must have a plan approved by the TMD that determines which types of neurosurgical injuries may remain and which should be transferred.				
7.6.7.	Transfer agreements must exist with appropriate Level I and Level II trauma centers.				
7.6.8.	Trauma centers must have protocols for patient resuscitation and monitoring during transportation.				
7.6.10.	If complex cases are being transferred out, a contingency plan should be in place and must include the following:				
a.	Initial evaluation and stabilization of the patient by the trauma surgeon to provide.				
b.	Transfer agreements with similar or higher-verified trauma centers.				
c.	Direct contact with the accepting facility to arrange for expeditious transfer or ongoing monitoring support.				

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d.	Monitoring of the efficacy of the process by the PIPS programs.				
7.6.11.	For all patients being transferred for specialty care, such as burn care, microvascular surgery, cardiopulmonary bypass capability, complex ophthalmologic surgery, or high-complexity pelvic fractures, agreements with a similar or higher-qualified verified trauma center should be in place.				
7.7.	Trauma centers shall have the following policies and procedures:				
7.7.1.	Interfacility transfer agreements and transport policy.				
7.7.2.	Resuscitation protocols.				
7.7.3.	Complex cases management plan.				
7.7.4.	Surge capacity and diversion policy				
7.7.5.	Patient Assessment Policy.				
7.7.6.	Admission policy				
7.7.7.	Against medical advice AMA (leaving or discharge)				
7.7.8.	Consent form policy.				
7.7.9.	Triage policy.				
7.7.10.	Medication management policy.				
7.7.11.	Scope of practice based on services and trauma level				
7.7.12.	Privilege policy.				
7.7.13.	Emergency call system policy.				
7.7.14.	Morbidity and mortality (M&M) policy.				
7.7.15.	Sentinel event policy.				
7.7.16.	Policy for Emergency release of blood.				
7.7.17.	Process of accreditation and its initiation.				
7.7.18.	Multidisciplinary trauma peer review committee.				
7.7.19.	Tele-medical referral/ consultation service.				

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7.7.20.	Performance monitoring and Quality improvement plans (strategic and operational plans).				
7.7.21.	Safety management system that includes fire safety, hazardous waste management, emergency plans, security, and any other risks planning and management.				
7.7.22.	The criteria for a graded trauma team activation (TTA).				
7.7.23.	Hospital Admin Escalation process.				
7.7.24.	Prehospital trauma care protocol.				
7.7.25.	Trauma team members.				
7.7.26.	Transfusion protocol developed with the Blood bank.				
7.7.27.	Clinical practice guidelines, protocols, and algorithms derived from evidenced based validated resources.				
7.7.28.	Contingency plans.				
7.7.29.	Protocols for Orthopaedic emergencies including:				
a.	Type and severity of pelvic and acetabular fractures that will be treated at the institutions as well as those that will be transferred.				
b.	Timing and sequence for the treatment of long bone fractures in patients with multiple injuries.				
c.	The wash out time for open fractures.				
7.7.30.	Response parameters for time-critical injuries must be determined and monitored.				
7.7.31.	Data reporting.				
7.7.32.	Data Confidentiality.				
7.7.33.	Data Validity Monitoring				
7.7.34.	Trauma registry.				
7.7.35.	Hospital disaster plan and disaster drills				
7.7.36.	Management of Organ Donors and Brain Death Declaration.				

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7.8.	Disaster Preparedness:				
7.8.1.	The trauma center must develop plans for dealing with Internal and external disaster emergencies in the community.				
7.8.5.	All trauma centers must have a hospital disaster plan described in the hospital's policy and procedure manual or equivalent.				
7.9.	All trauma centers shall include the following specialty care units:				
7.9.1.	Emergency Unit				
7.9.2.	Medical Imaging Unit				
7.9.3.	Pharmacy Unit				
7.9.4.	Catering Unit				
7.9.5.	CSSD				
7.9.6.	Outpatients Unit or referral agreements (for patient follow-up and referrals for further investigation).				
7.9.7.	Inpatient Unit.				
7.9.8.	Clinical Information system (HIS)/ Health Records Unit (EMR).				
7.9.9.	Ambulance Services.				
7.9.10.	Security room.				
7.9.11.	Reception.				
7.9.12.	Waiting area.				
7.9.13.	At least one Airborne Infection Isolation (AII) Room must be provided. This room should be located at the entry to the Inpatient Unit and must have a viewing window from outside the room and a dedicated toilet.				
7.9.14.	Triage room:				
a.	The Triage may be performed at the reception desk.				
b.	Triage areas should be located to allow maximum visibility for incoming ambulances, incoming				

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	ambulant patients and waiting areas.				
d.	Triage should have an examination couch with appropriate privacy screening.				
f.	Planning should provide a clear path of travel for each zone with a minimum of cross traffic.				
g.	There must be a display of triage schemes.				
7.10.	Trauma Centers must have dedicated rooms for the following:				
7.10.1.	Radiology.				
7.10.2.	Laboratory, Microbiology and Pathology rooms and blood bank services.				
7.10.3.	OT Rooms and Cubicles				
7.10.4.	Consultation/ Examination rooms				
7.10.5.	Treatment & Procedure Rooms:				
a.	Acute Treatment rooms for assessment and treatment of severe conditions.				
b.	Minimum of four (4) treatment rooms must be available.				
7.10.8.	Support Areas:				
a.	Handwashing stations, Linen and mobile Equipment				
b.	Clean Utility				
c.	Cleaners Room				
d.	Dirty Utility and Disposal Rooms				
e.	Meeting Room				
f.	Store rooms (Storage available for general medical/surgical supplies, medications and equipment. The area is under staff control and out of the path of normal traffic).				
7.10.9.	Staff Areas:				
a.	Change Rooms with toilets, shower and lockers				
b.	Staff Room				

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c.	Offices and Workstations				
d.	Meeting rooms that may be used for teaching functions				
7.13.	Other Required Services:				
7.13.1.	Laundry.				
7.13.2.	Equipment maintenance.				
7.13.3.	Medical waste management as per Dubai Municipality requirements.				
7.13.4.	Housekeeping.				
<b>8</b>	<b>STANDARD THREE: LEVEL IV TRAUMA CENTER REQUIREMENTS</b>				
	(In addition to the above General Trauma Center Requirements)				
8.1.	Scope:				
8.1.2.	Level IV trauma centers shall be equipped to provide Advanced Trauma Life Support (ATLS) if needed.				
8.1.3.	General Hospitals <100 beds				
8.6.	Radiology and Laboratory Requirements:				
8.6.1.	On-site Conventional radiography must be available 24/7				
8.6.2.	On site laboratory services must be available 24/7 for the standard analysis of blood, urine, and other body fluids, including micro-sampling when appropriate.				
8.6.3.	The blood bank must be capable of blood typing and cross-matching. (Refer to Standards for Blood Bank Services).				
<b>9</b>	<b>STANDARD FOUR: LEVEL III TRAUMA CENTER REQUIREMENTS</b>				
	(In addition to the above General Trauma Center Requirements)				
9.1.	Scope:				
9.1.2.	Hospitals with <100 beds.				

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9.5.	Radiology, Imaging, Diagnostics:				
9.5.1.	Medical Imaging Unit:				
a.	Conventional radiography must be available 24/7				
b.	Computed tomography (CT) scan 24/7				
9.6.	Laboratory:				
9.6.1.	Clinical Laboratory services must be available 24/7.				
9.6.2.	The lab must be able to cover the following minimum specialties: hematology, clinical chemistry, Immunology and serology, microbiology, anatomic pathology, cytopathology to meet the expected workload.				
9.6.3.	Coagulation studies, blood gas analysis and microbiology studies must be available 24/7.				
9.6.4.	Blood bank must be capable of blood typing and cross-matching.				
9.7.	Medical Equipment & Supplies must be available as listed in the table in (Appendix2) in addition to:				
9.7.1.	Intracranial pressure monitoring equipment must be available in facilities that admit neurotrauma patients.				
9.7.2.	Equipment to perform a craniotomy must be available in facilities that offer neurosurgery services.				
9.7.3.	Dialysis capabilities or a transfer agreement with a facility that provides it.				
9.9.	Specialty Care Units: (in addition to point 7.9)				
9.9.1.	Intensive Care Unit (medical and pediatric)				
9.9.2.	Mortuary Unit				
9.9.3.	Operating Unit (Emergency OT available within 15 minutes).				
9.9.4.	Obstetric and Gynecologic Unit.				
9.9.5.	Neonatal Intensive Care Unit (NICU).				

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9.9.6	Pediatric trauma.				
<b>10</b>	<b>STANDARD FIVE: LEVEL II TRAUMA CENTER REQUIREMENTS</b>				
	(In addition to the above General Trauma Center Requirements)				
10.1.	Scope:				
10.1.2.	General Hospital >100 beds.				
10.5.	Specialty Care Units: (in addition to point 7.9)				
10.5.1.	Intensive Care Unit (medical and pediatric)				
10.5.2.	Mortuary Unit				
10.5.3.	Operating Unit (Emergency OT available within 15 minutes).				
10.5.4.	Obstetric and Gynecologic Unit.				
10.5.5.	Neonatal Intensive Care Unit (NICU).				
10.5.6.	Pediatric trauma.				
10.5.7.	Burn care				
10.5.8.	Microvascular surgery				
10.5.9.	Cardiopulmonary bypass capability				
10.5.10.	High-complexity pelvic fractures				
10.5.11.	Complex ophthalmologic surgery				
10.5.12.	Cardiac Investigation Unit (particularly Cardiac Catheter Laboratories)				
10.5.13.	Coronary Care unit				
10.5.14.	Endoscopy Unit				
10.5.15.	Mental Health Unit				
10.5.16.	Rehabilitation Unit				
10.5.17.	At least one Airborne Infection Isolation (AII) Room must be provided. This room should be located at the entry to the Inpatient Unit and must have a viewing window from outside the room and a dedicated toilet.				
10.5.18.	Mental Health Assessment Rooms				

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10.5.19.	Short-Stay Unit/ Emergency Medical Unit for extended observation and management of patients				
10.5.20.	Operating Rooms. Promptly available for emergency musculoskeletal operations and equipped with resources including instruments, equipment, and personnel.				
10.5.21.	A PACU with qualified nurses must be available 24 hours per day to provide care for the patient if needed during the recovery phase. The PACU must have the necessary equipment to monitor and resuscitate patients, consistent with the process of care designated by the institution.				
10.6.	A Helicopter landing site must be available in close proximity to the resuscitation area.				
10.7.	Radiology, Imaging, Diagnostic:				
10.7.1.	Medical Imaging Unit:				
a.	Conventional radiography must be available 24/7.				
b.	Computed tomography (CT) scan must be 24/7.				
c.	Magnetic resonance imaging (MRI) must be available 24/7.				
d.	Fluoroscopy, ultrasound, Point of Care US, mammography, and other interventional radiographic procedures and immediate access to those modalities must be available 24/7.				
10.7.2.	trauma center must have a mechanism to view radiographic imaging from referring hospitals.				
10.7.3.	Interventional radiologic procedures and sonography must be available 24/7				
10.8.	Laboratory:				
10.8.1.	Clinical Laboratory services must be available 24/7.				
10.8.2.	The lab must be able to cover the following minimum specialties: hematology, clinical chemistry,				

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	Immunology and serology, microbiology, anatomic pathology, cytopathology to meet the expected workload.				
10.8.3.	Coagulation studies, blood gas analysis and microbiology studies must be available 24/7.				
10.8.4.	Blood bank must be capable of blood typing and cross-matching.				
10.9.	Medical Equipment & Supplies must be available as listed in the table in (Appendix2) in addition to:				
10.9.1.	Equipment to perform a craniotomy.				
10.9.2.	Cardiopulmonary bypass equipment and a contingency plan if it is not immediately available				
10.9.3.	End-tidal carbon dioxide detection.				
10.9.4.	Arterial pressure monitoring.				
10.9.5.	Pulmonary artery catheterization.				
10.9.6.	Intracranial pressure monitoring equipment.				
10.9.7.	All necessary equipment for musculoskeletal trauma care.				
10.9.8.	Cardiopulmonary bypass equipment immediately available, and an immediate transfer plan to an appropriate center if not available.				
10.9.9.	Acute hemodialysis.				
10.9.10.	The ICU must have the necessary equipment to monitor and resuscitate patients.				
10.11.	Academia:				
10.11.3.	The trauma center must have an Education Unit				
10.11.4.	The trauma center must provide training/ residency program.				
10.11.5.	There must be an Affiliated University with the trauma center				
10.11.6.	The trauma center must provide research.				

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11	STANDARD SIX: LEVEL I TRAUMA CENTER REQUIREMENTS				
	(In addition to the above General Trauma Center Requirements)				
11.1.	Scope:				
11.1.2.	General Hospitals >100 beds.				
11.5.	Specialty Care Units: (in addition to point 7.9)				
11.5.1.	Intensive Care Unit (medical and pediatric)				
11.5.2.	Mortuary Unit				
11.5.3.	Operating Unit (Emergency OT available within 15 minutes).				
11.5.4.	Obstetric and Gynecologic Unit.				
11.5.5.	Neonatal Intensive Care Unit (NICU)				
11.5.6.	A pediatric emergency unit area.				
11.5.7.	A pediatric intensive care area.				
11.5.8.	Burn care.				
11.5.9.	Microvascular surgery				
11.5.10.	Cardiopulmonary bypass capability				
11.5.11.	High-complexity pelvic fractures				
11.5.12.	Complex ophthalmologic surgery				
11.5.13.	Cardiac Investigation Unit (particularly Cardiac Catheter Laboratories)				
11.5.14.	Coronary Care unit				
11.5.15.	Endoscopy Unit				
11.5.16.	Mental Health Unit				
11.5.17.	Rehabilitation Unit				
11.5.18.	Mental Health Assessment Rooms				
11.5.19.	Short-Stay Unit/ Emergency Medical Unit for extended observation and management of patients				
11.5.20.	Operating Rooms. Promptly available for emergency musculoskeletal operations and equipped with				

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	resources including instruments, equipment, and personnel.				
11.5.21.	A PACU with qualified nurses must be available 24 hours per day to provide care for the patient if needed during the recovery phase. The PACU must have the necessary equipment to monitor and resuscitate patients, consistent with the process of care designated by the institution.				
11.6	Radiology, Imaging, Diagnostic:				
11.6.1.	Medical Imaging Unit:				
a.	Conventional radiography must be available 24/7				
b.	Computed tomography (CT) scan must be 24/7				
c.	Magnetic resonance imaging (MRI) must be available 24/7				
d.	Fluoroscopy, ultrasound, Point of Care US, mammography, and other interventional radiographic procedures and immediate access to those modalities must be available 24/7.				
11.6.2.	Trauma Centers must have a mechanism to view radiographic imaging from referring hospitals.				
11.6.3.	Interventional radiologic procedures and sonography must be available 24/7.				
11.7.	Laboratory:				
11.7.1.	Clinical Laboratory services must be available 24/7.				
11.7.2.	The lab must be able to cover the following minimum specialties: hematology, clinical chemistry, Immunology and serology, microbiology, anatomic pathology, cytopathology to meet the expected workload.				
11.7.3.	Coagulation studies, blood gas analysis and microbiology studies must be available 24/7.				
11.7.4.	Blood bank must be capable of blood typing and				

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	cross-matching				
11.8.	Medical Equipment & Supplies must be available as listed in the table in (Appendix2) in addition to:				
11.8.1.	Equipment to perform a craniotomy.				
11.8.2.	Cardiopulmonary bypass equipment and a contingency plan if it is not immediately available.				
11.8.3.	Intracranial pressure monitoring equipment.				
11.8.4.	End-tidal carbon dioxide detection.				
11.8.5.	Arterial pressure monitoring.				
11.8.6.	Pulmonary artery catheterization.				
11.8.7.	All necessary equipment for musculoskeletal trauma care				
11.8.8.	Cardiopulmonary bypass equipment immediately available, and an immediate transfer plan to an appropriate center if not available.				
11.8.9.	Acute hemodialysis.				
11.8.10.	The ICU must have the necessary equipment to monitor and resuscitate patients.				
11.10.	Academia:				
11.10.3.	The trauma center must have an Education Unit				
11.10.4.	The trauma center must provide training/ residency program.				
11.10.5.	There must be an Affiliated University with the trauma center.				
11.10.6.	The trauma center must provide research.				
11.10.9.	The administration of a Level I trauma center must demonstrate support for research by, for example, providing basic laboratory space, sophisticated research equipment, advanced information systems, biostatistical support.				
<b>APPENDIX 1:</b>	<b>REQUIRED AMBULANCE DROP-OFF BAYS</b>				

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	Number of ambulance drop-off bays required by the number of EU beds:				
a.	Number of EU beds Up to 15, Number of ambulance drop-off bays 2				
b.	Number of EU beds Up to 25, Number of ambulance drop-off bays 3				
c.	Number of EU beds Up to 35, Number of ambulance drop-off bays 3-4				
d.	Number of EU beds Up to 45, Number of ambulance drop-off bays 5				
e.	Number of EU beds Up to 55, Number of ambulance drop-off bays 6				
f.	Number of EU beds 55+, Number of ambulance drop-off bays 6+				
Note:	Beds = Acute beds + Resus + Trauma but not observation or fast track				

## APPENDIX 2: MINIMUM MEDICAL EQUIPMENT AND SUPPLIES

<b>A.</b>	<b>Minimum Medical Equipment and Supplies</b>				
1	A crash cart equipped with a defibrillator, necessary drugs and other CPR equipment and test strips.				
2	Resuscitation Kit, Cardiac board and Oral airways				
3	Laryngoscope with blades				
4	Diagnostic set				
5	X-ray viewer				
6	Patient trolley with IV stand				
7	Wheelchair				
8	Nebulizer				
9	Autoclave				
10	Refrigerator with temperature control				
11	Floor Lamp (Operating light mobile)				
12	Pelvic binders				

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13	Chest tubes				
14	Sets of instruments which include suturing set, dressing set, foreign body removal set or minor set and cut down set.				
15	Portable Vital Signs Monitor (ECG, Pulse-Oximetry, Temperature, NIBP, EtCO2)				
16	Portable transport ventilator with different ventilation mode (IPPV, SIMV, spontaneous, PS).				
17	Suction apparatus that meets operating room standards				
18	Glucometer				
19	Alcohol meter				
20	Rapid fluid infusers				
21	Thermal control equipment for patients				
22	Equipment for bronchoscopy				
23	Equipment for Gastrointestinal endoscopy				
24	Resuscitation fluids				
25	Intraoperative radiologic capabilities				
26	Equipment for fracture fixation				
<b>B.</b>	<b>Disposable supplies including:</b>				
1	Suction tubes (all sizes)				
2	Tracheotomy tube (all sizes)				
3	Catheters (different sizes)				
4	IV sets				
5	Blood transfusion set				
6	Syringes (different sizes)				
7	Dressings (gauze, sofratulle, etc.)				
8	Crepe bandages (all sizes)				
9	Splints (Thomas splints, cervical collars, finger splints)				

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10	All types of fluids (e.g. D5W, D10W, Lactated Ringers, Normosol R, Normosol M, Haemacel, etc.)				
19	Broslow tape, US				
<b>C.</b>	<b>Resuscitation Area Equipment:</b>				
1	Cardiac monitor machine with facility for ECG, printing, NIBP, SpO2, temperature probe, invasive pressure, CO2 monitor.				
2	A procedure light similar to a small, single arm operating light				
3	Equipment to hang IV fluids and attach infusion pumps				
4	Wall mounted diagnostic set (ophthalmoscope/auroscope)				
5	Clinical scrub basin with paper towel and soap fittings				
6	Overhead X-ray or mobile digital x-ray				
7	Display of resuscitation flow chart (as per scope of service)				
<b>APPENDIX 3: MINIMUM MEDICATION SUPPLY</b>					
<b>D.</b>	<b>Required Items for Emergency Bag:</b>				
1	IV Tubing/Set, Quantity as required				
2	IV Cannulas, Quantity 2 in different sizes 3- way connectors as required				
3	Scalp Veins set - in different sizes, Quantity as required				
4	Syringes - in different sizes, Quantity as required				
<b>E.</b>	<b>Other consumables:</b>				
1	Airways with different sizes, Quantity 10				
2	Alcohol swabs, Quantity As required				
3	Cotton Balls, Quantity 3				
4	Sterile Gauze, Quantity 5				

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5	Plasters/Tegaderm, Quantity 2				
6	Disposable Gloves, Quantity 2				
7	Dressing Set, Quantity 5				
8	Sterile Tongue Depressor, Quantity 2				
9	Tourniquets, Quantity 1				
10	Scissors, Quantity 1				
11	Pen Torch, Quantity 1				
12	BP apparatus, Quantity 1				
13	Stethoscope, Quantity as required				
14	Sterile Gloves in different sizes, Quantity as required				
15	Band aids, Quantity as required				
16	ambu bags, Quantity 1 adult and 1 pediatric				

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