**AfriEmergencies Facility visit report**

Date of Visit Site Visit number :

AfriEmergencies Staff member.....................................

Name of hospital .

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Address.............................

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Contact Number of Hospital

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Email of Hospital

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Medical director/ Clinical Lead of department and Contact email /number

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Main Point of contact of hospital and Contact email /number

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Site Visit

AfriEmergencies Staff member..................................... Operational Readiness Section

No of Ambulance vehicles

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Model and make of Ambulance vehicles

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No of trained Ambulance drivers

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No of Paramedics

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No of Ambulance ALS/ BLS Nurses

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No of Ambulance trained ALS doctors

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Associated Emergency department

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Ambulance service operating hours

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Emergency call activation time- (Time from emergency call to dispatch of ambulance- average)

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|  |  |
| --- | --- |
| Medication/Drug/equipment | Type and stock |
| Oxygen cylinders and delivery masks/tubing |  |
| Standard ALS drugs-( Adrenaline/ Amiodarone/ Atropine/) |  |
| IV access equipment |  |
| Stretcher |  |
| Yellow Scoop board |  |
| Monitoring equipment |  |
| Defibrillator/ AED |  |
| PPE |  |
| Pain relief meds (standard pain ladder drugs) |  |
| IV fluids and associated giving sets |  |
| Antiemetic drugs |  |
| Acute coronary syndrome drugs |  |
| Trauma dressing pack |  |
| Airway equipment (BVM, NPA, OPA) |  |
| Suction equipment |  |

Inspectors Name/ Signature:

1- Name: Sig: Date:

2- Name: Sig: Date:

- Afriemergencies Opinion/ Star rating 0- 5

Evaluation

Conclusion: ............................................................... .................................................

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3 Site Visit

Name: Sig: Date: