



Pre-Surgical Outreach Site Visit Checklist

The following checklist outlines requirements from Smile Safety and Quality Protocol and partners organizing these programs must ensure that all provisions from this protocol are met before surgical outreach programs start at the outreach hospital/facility. This checklist must be completed by partners and shared with Smile Train staff overseeing the partnership in advance of scheduled surgical outreach programs. If any of the medical equipment, supplies and infrastructure are not available at the outreach hospital, the partner is responsible for ensuring that these items are available *before the surgical outreach program begins*.

Outreach Hospital:

Smile Train Partner:

Surgical Outreach Hospital Requirements

Part 1: Facility Set Up

| Check Yes or No | Does the outreach center have: |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Continuous electrical power by GRID or standby generator? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Dependable, portable oxygen and nitrous oxide for all perioperative care areas (Operating Theater (OT), recovery area (PACU), and general ward)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | At least one OT with following for the duration of the outreach program: <ul style="list-style-type: none"> • 1 operative table • Adequate number of OT lights available (it is preferred to have at least one fixed to the ceiling) • A refrigerator in the OT complex |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have access to blood? <ul style="list-style-type: none"> • If no, how far is the blood bank from the hospital? Please note the distance in kilometers and time it takes to access blood. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Autoclave sterilization for equipment? (Modern hot air sterilization or a disinfectant such as Cidex may also be used should an autoclave not be available). |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Laboratory and Radiology services for preoperative assessments? |

If you answered "No" to any of the above, please provide more information:

Part II. Operating Theater Equipment & Supplies

| Check Yes or No | Does the outreach center have the following medical equipment: |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Working suction that is present at each OR table and in the recovery area? At a minimum, two functional suction machines with disposable suction cannulas should be available. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Vaporizer for general anesthetics (one for each OT table)? <i>If an anesthesiologist is not included as part of the pre-outreach site visit team, a photograph of the anesthesia machine should be taken during the visit and sent to the partner anesthesiologist to ensure that a matching vaporizer can be secured.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Electrocautery machines (one for each table, with disposable leads)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Defibrillator with pediatric paddles? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Pulse oximeter? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-invasive blood pressure monitor(s) with appropriately sized cuffs? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Adequate supply of facemasks, anesthesia circuits, laryngoscope blades and endotracheal tubes available in an assortment of sizes? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Self-inflating bag valve mask? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Laryngeal Mask Airway (LMA)s with assortment of sizes? |

If you answered "No" to any of the above, please provide more information:

Part III. Supplies

| Check Yes or No | Does the outreach center have: |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Adequate quantities of sutures, surgical gowns, surgical drapes, sterilized gauze pieces, disposable sterile gloves, and clean gloves (not sterile) for use during suction or starting IVs? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | IV catheters in all sizes and all materials needed to establish IV access? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Tape or occlusive dressings? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Isotonic IV solutions? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | IV burette sets for the smaller patients? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Regular IV sets? Blood giving IV sets? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Central venous kit(s) only one or two? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Arterial line kit(s) only, one or two? |

If you answered “No” to any of the above, please provide more information:

Part IV. Safe Postoperative Environment

| Check Yes or No | Does the outreach center: |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Follow staffing and monitoring requirements mandated by Smile Train in the PACU and postoperative ward? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a PACU located near the operating theater and staffed by experienced medical professionals who are trained in airway management and monitoring? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have guidelines in place for safely transferring patients from the operating theatre to the PACU? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have temperature control modality in the PACU (e.g. blankets or patient warmers)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a handover document whereby anesthesia providers communicate plans for patient management with the ward staff? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have designated staff in the ward monitoring patients regularly overnight? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have a crash cart accessible to the PACU, ward, and ICU (if in-house) with all emergency and resuscitation materials including medications and equipment required for defibrillation, intubation, intravenous medication, and passage of central lines? Are materials regularly replenished after use? Please refer to the Safety Audit for Existing Partners for all mandatory supplies/equipment for crash carts (pg. 16-18). |

If you answered “No” to any of the above, please provide more information:

Part V. High Dependency Care Provisions

| Check Yes or No | Does the treatment center: |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have in-house high dependency care capabilities (ICU) onsite? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | If not, do they have a transfer agreement for Smile Train-sponsored patients with a nearby healthcare facility? |

If you answered “No” to any of the above, please provide more information:

“(Name of Individual Conducting Pre-Surgical Outreach Visit)” on behalf of “(Smile Train Partner)” has visited the outreach hospital and has determined that outreach programs taking place at this facility will meet the required standards for delivery of safe surgery and anesthesia care that are outlined in the Safety and Quality protocol. If any of the medical equipment, supplies and infrastructure are not available at the outreach hospital, the partner is responsible for ensuring that these items are available before the surgical outreach program begins.

Smile Train Partner Representative Signature

Date of Audit

Smile Train Staff Signature

Date