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Renal Dialysis Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
4	Final Inspection and Issuing the License				
4.3.1	Appoint a Medical Director- DHA licensed consultant Nephrologist.				
4.3.3	Install and operate medical equipment required for provision of the outpatient health care services in accordance with manufacturer specifications.				
4.3.5	Maintain Charter of Patients' rights and responsibilities noticeably posted on the premises at least in two languages (Arabic and English).				
4.3.6	Maintain adequate lighting and utilities, including temperature controls, water taps, sinks and drains, electrical outlets and communications.				
4.3.7	Maintain a backup generator to ensure that power failure does not lead to machine and dialysis failure allowing adequate time for patients to be removed from the dialysis machines.				
4.3.8	Keep floors, work surfaces, and other areas clean and neat at all times. Flooring should be in accordance to the current DHA guidelines.				
4.3.9	Clearly display the hours of operation of the facility as well as the type of services available.				
4.6	The facility license shall be visibly posted on the premises.				
4.8	Maintain Hepatitis "B" vaccination record of all staff.				
4.9	Have an in house ambulance or have a contract with a licensed ambulance service of another facility not further than 15 minutes				

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	driving distance from the RDU.				
4.10.	Maintain documents with the Reverse Osmosis (RO) company regarding Machine maintenance contract and machine maintenance certificates.				
4.12	In case of an independent RDU or if it is part of another healthcare facility, a contract with a hospital within 10-15 minutes driving time (close proximity) for emergency transfer of patients must be provided.				
4.13	Record of BLS, ACLS and PALS for all licensed staff.				
4.14	Record of PALS for enough staff to cover all shifts in case paediatric dialysis services are provided.				
4.15	Contract for laundry services.				
4.16	Contract for waste management services.				
4.17	Contract with a Central Sterile Supply Department (CSSD unit) in case there is no in house CSSD unit.				
4.18	Record of the presence of fire marshal to cover all shifts of the dialysis unit.				
5	Management Responsibilities				
5.3	Cooperate with HRD inspectors and/or any duly authorized representative and provide requested documentation or files.				
13	General Design Considerations				
13.8	The dialysis unit should be air-conditioned so as to achieve 21-22 Celsius temperatures and 55–60% humidity.				
13.12	Door swings should be oriented to provide patient privacy.				
13.16	Slip-resistant flooring products shall be considered for flooring surfaces in wet areas (e.g. ramps, shower and bath areas) and areas that include water for patient services as well as stairways.				
13.18	Carpet cannot be used in examination and treatment rooms, if used in patient waiting areas and corridors carpet shall be glued or stretched tight and free of loose edges or wrinkles.				

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13.19	Wall finishes shall be washable, moisture-resistant and smooth, wall finish treatments shall not create ledges or crevices that can harbor dust and dirt.				
13.20	Joints for floor openings for pipes and ducts shall be tightly sealed.				
14	Reception and Waiting Area				
14.4	Facilities for alcohol-based hand rub/ sanitizer dispensers should be available in all patient areas.				
15	Consultation or Examination Rooms				
15.4	A hand-washing station with a hands-free regulator (tap) and liquid or foam soap dispensers shall be provided in all examination room(s). Sinks shall be designed with deep basins, made of porcelain, stainless steel, or solid surface materials.				
15.5	Hand sanitation dispensers shall be provided in addition to hand-washing stations.				
15.6	Provisions for hand drying shall be available at all hand-washing stations.				
15.7	The area below the hand washing station shall be free of clutter at all times.				
16	Treatment Room				
16.3.1	Hand sanitation dispensers shall be provided in addition to hand-washing stations.				
16.3.3	A lockable refrigerator for medication use (the temperature of which is monitored twice a day and recorded).				
17	The Dialysis treatment area/room				
17.1.2.5	Alcohol-based hand rub/ sanitizer dispensers should be available in all dialysis stations.				
17.1.8	Every dialysis station must have a waste disposal bin.				
17.1.8.1	For a regular dialysis patient, the waste disposable bags used should be Black in colour.				

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17.1.8.2	For patients with Communicable diseases, it is mandatory that the waste disposable bags used should be Yellow in colour.				
17.3	Equipment to be provided in the dialysis area/room				
17.3.1	Every dialysis station must have outlets for oxygen and vacuum (suction).				
17.3.2	Airway equipment: appropriate sized oral airways, endo-tracheal tubes, laryngoscopes, normal masks and laryngeal masks				
17.3.3	Defibrillator				
17.3.4	Double tourniquets if the practice performs Bier blocks				
17.3.5	Pulse oximeter				
17.3.6	Electrocardiographic (ECG) monitor				
17.3.7	Temperature monitoring system for procedures lasting more than 30 minutes				
17.3.8	Blood pressure apparatus with different size cuffs				
17.3.9	Emergency crash cart				
17.3.10	A refrigerator for pharmaceuticals and double-locked storage for controlled substances shall be provided.				
19	Storage room				
19.2	The storage area should be temperature controlled.				
19.4	All material should be clearly marked with expiration dates.				
19.5	Storage of medicines should be in accordance with current guidelines, including storage and dispensing of controlled medication.				
21	Water Quality				
21.1	The water used for dialysis shall be treated by RO and/or deionizers to provide a quality of water which meets with the standards listed below.				
a	Contaminant/Maximal Allowable Level (mg/l) Contaminants with documented toxicity to hemodialysis Fluoride/0.2				

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	<p>Chloramines/0.1 Copper/0.1 Aluminum/0.01 Lead/0.005 Total Chlorine/0.1 Nitrate (as N)/2 Sulfate/100 Zinc/0.1 Total dissolved solids/5-1000</p> <p>Trace elements Antimony/0.006 Arsenic/0.005 Barium/0.1 Beryllium/0.0004 Cadmium/0.001 Chromium/0.014 Mercury/0.0002 Selenium/0.09 Silver/0.005 Thallium/0.002</p> <p>(Extracted from Association for the Advancement of Medical Instrumentation (AAMI) & CSA- ISO)</p>				
b	<p>The water used to prepare the dialysate shall have a bacteriological count of less than 200 per ml after 48 hours of incubation (AAMI). Total viable counts shall be obtained using conventional microbiological assay procedures (pour plate, spread plate). The calibrated loop technique shall not be used.</p>				
21.2	<p>Regular tests of the quality of the water for (a) and (b) must be carried out, at a minimum of one monthly intervals and recorded</p>				

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	to ensure that standards are met.				
22	Dialysate Quality				
22.1	The dialysate fluid shall be a non-sterile aqueous solution with an electrolyte composition near that of normal extracellular fluid.				
22.3	The RO system should not be connected directly to the main supply and the water supply should be uninterrupted.				
22.4	The RDU should be approved by DEWA to ensure uninterrupted flow of water.				
22.9	There should always be a backup machine available for patients.				
22.11.3	The final diluted dialysate shall be analyzed every 6 months, with every new batch of dialysate and after each major servicing/repair of dialysis machine.				
22.12.2	Bacteriological analysis of the dialysate shall be carried out at least 2 monthly.				
22.14	1.4. All chemical analysis test results for feed and dialysis water received from the in-house or third party testing laboratory must be documented. These results must be reviewed by the nurse in charge of the dialysis unit and reviewed and signed off by the medical director annually.				
23	Staffing				
23.1	Physicians- Nephrologists				
23.1.1	A DHA licensed consultant nephrologist should be nominated as the medical director of the dialysis unit who shall be responsible for overall management of the patients in the dialysis unit.				
23.1.3	There must be one nephrologist on call per shift to troubleshoot problems of patients.				
23.1.4	A DHA licensed paediatric nephrologist must be associated with the facility in case Paediatric dialysis services are provided (Children under the age of 16 years)				
23.1.5	The Paediatric Nephrologist must be present when paediatric				

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	dialysis services are provided.				
23.1.7	Ratio of nephrologist to patients is one nephrologist to thirty five patients– 1:35				
23.2.1	The nurse in charge of the dialysis unit must be a qualified; DHA licensed Registered Nurse (RN), with at least 2 years of experience in Dialysis.				
23.2.2	The ratio of trained RNs/ dialysis patients should be 1: 4. Among these staff there should be at least one nurse with a minimum of 6 months of training or experience/ training in dialysis to be physically present at the RDU at all times to monitor the patients throughout the dialysis procedure, to be available to deal with any emergencies that may arise and to alert the nephrologist when necessary.				
23.3.1	The renal dialysis technician should be DHA licensed and competent in dialysis water practices.				
23.3.4	The ratio of the renal dialysis technician to the dialysis patients should be 1:2.				
23.4.1	The ratio of dialysis attendants to dialysis station being 1:15.				
23.4.2	There should be at least one sanitation personnel for every 8 patients.				
23.5.1	There should be at least one dietician, who should maintain progress notes of all patients treated in the RDU.				
24	Dialysis equipment				
24.1	Dialysis machines shall be equipped with monitors and audio-visual alarms to ensure safe dialysis.				
28	Emergency Services				
28.2	Ensure that there are standing arrangements with other healthcare professionals to provide immediate medical care in the event that the nephrologist/ physician in charge are not available.				
28.6.1	Sets of instruments which shall include suturing set, dressing set, foreign body removal set or minor set and cut down set.				

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28.6.2	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).				
28.6.3	Portable vital signs monitor (ECG, Pulse-Oximetry, Temperature, NIBP, and EtCO2).				
28.6.4	Portable transport ventilator with different ventilation mode (IPPV, SIMV, spontaneous, PS).				
28.6.5	Suction apparatus.				
30	Infection Control Practices				
30.1.1	Standard Precautions shall be used on all patients regardless of whether the Hepatitis B, Hepatitis C and HIV status is known. During dialysis, blood is often spilt. It is therefore vital for staff to be adequately protected using impervious gowns/aprons, gloves and eye protection.				
30.1.4	Hepatitis B vaccination of all staff that has contact with blood and body fluids is strongly recommended. This applies to dialysis attendants / sanitation personnel of the renal dialysis unit. Routine screening of staff for anti-HCV may be done where necessary.				
30.1.7	Blood products should be stored, transferred and administered in accordance with the relevant authority guidelines.				
30.3.1	Patients who require chronic hemodialysis at dialysis centers shall be tested for Hepatitis B, Hepatitis C and HIV before they are admitted to the center. The dialysis center shall maintain records of patients' latest results in accordance to the current international guidelines.				
30.4.7	Patients who are HBsAg positive shall be isolated in a separate room that is colour coded (Blue) designated for HBsAg positive patients only.				

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30.4.8	Dedicated dialysis equipment shall be used for HBsAg positive patients. After each dialysis, non-disposable equipment shall be appropriately cleaned and disinfected or sterilized. Dialyzers and AV bloodlines must not be shared among patients. Bloodlines shall be used once and discarded.				
30.5.3	The rooms for treating HBV and HCV patients should be colour coded and strictly used only for these patients.				

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