Hospital Inspection Checklist- Random

Name of the Facility: _____

Date of Inspection:_____/_____/_____

No.	Description	Yes	No	N/A	Remarks
1	**General Design Considerations**				
1.8	Hospital design ensure appropriate levels of patient acoustical and visual privacy and dignity throughout the care process. In multiple-bed rooms, visual privacy from casual observation by other patients and visitors is provided for each patient.				
1.14	Color contrast between walls, floors and doors considered to reduce falling risk of blurred vision patients.				
1.16	Stairways flooring have slip-resistant surfaces.				
1.17	Slip-resistant flooring products is considered for flooring surfaces in wet areas (e.g. ramps, shower and bath areas) and areas that include water for patient services				
1.18	Surface finishes selected must be smooth, impermeable, easy to maintain and wash, and have adequate resistance to on-site wear, such as vinyl and ceramic floors.				
1.19	Carpet doesn't used in examination and treatment rooms, if it's used in patient waiting areas and				

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	corridors, the carpet is glued or stretched tight and free of loose edges or wrinkles and it is made from antibacterial material.			
1.20	Wooden flooring is not allowed in treatment rooms.			
1.21	Joints for floor openings for pipes and ducts are tightly sealed.			
1.26	Wall finishes are washable, bacteria and fungus resistant, moisture-resistant and smooth, wall finish treatments are not create ledges or crevices that can harbour dust and dirt.			
1.27	Curtains used throughout the hospital are washable/cleanable, bacteria resistant, fireproof and maintained clean at all times.			
2	**Operation Theatre (OT)**			
2.6	The floors, ceilings, and walls are created by a continuous connection.			
2.7	Interior surfaces is constructed of materials that are monolithic and impervious to moisture.			
2.11	• Ventilation and air exchange at least 25/hour. • OT is at positive pressure with respect to adjacent area.			
2.12	• Minimum of two (2) air supply inlets with (HEPA) filters delivered at or near the ceiling, not directed over the operation table • Minimum of two exhaust outlets located near floor level, bottom exhaust outlets are at least 75mm above the floor. Differential pressure indicating device, humidity indicator, and			

	thermometers are installed and located for easy observation.				
2.13	OT temperature is maintained between 18-22 ℃ with room humidity between 35-70% and the temperature and relative humidity set points are adjustable				
2.14	Anesthesia scavenging systems: Each space routinely used for administering inhalation anesthesia and inhalation analgesia is served by a scavenging system to vent waste gases.				
2.15	Scrub area must be adjacent to OT rooms. Ceiling / surfaces/ flooring in this area should be smooth and easy washable.				
2.16	Staff changing area is separate for males and females. It contains special entrance for the staff and suitable place for changing of clothes with a minimum of one toilet for the staff in this area. Toilets air pressure should kept negative pressure with respect to any adjoining areas and have minimum 10 air changes per hour.				
2.18	Sterilizing area air pressure kept negative pressure with respect to any adjoining areas and have minimum 10 air changes per hour. Relative humidity is maintained at 30% to 60%. High efficiency filters installed in the air handling system, with adequate facilities provided for maintenance, without introducing contamination to the delivery system or the area served				

2.20	Suitable medical store area is located in operation facility. Store's air pressure kept positive with respect to any adjacent areas and have minimum 4 air changes per hour. Relative humidity is maintained at 30% to 60%. High efficiency filters installed in the air handling system.				
2.23	• Recovery area air pressure kept at balanced pressure with respect to any adjacent areas. • Minimum 6 air changes per hour. • Relative humidity is maintained at 45% to 55%. • High efficiency filters are installed in the air handling system				
2.24	• A back-up supply of emergency power (electricity) must be provided to protect patients and ensure their safety in the event of an emergency power outage.				
3	**Critical Care**				
3.2	Hospital should provide one (1) critical care bed for every OT room. And it should provide one (1) critical care bed for every 20 inpatient bed.				
3.3	The critical care unit has the following necessary equipment and supplies:				
3.3.1	Ventilators				
3.3.2	Tracheotomy set				
3.3.3	Emergency/crash cart with a plastic breakable seal that can be easily removed during emergency. It equipped with: • Defibrillator • Necessary drugs				

	• Cardio Pulmonary Resuscitation (CPR) equipment and test strips. • A log book nearby to indicate the maintenance and regular check of the crash cart and its components.				
3.3.4	Pulse Oximetry and vital signs monitor				
3.3.5	Transfusion pumps				
3.3.6	Vital Signs Monitors				
3.3.7	Blood gas analyzer with capability for electrolytes measuring is available in the hospital (preferably at ICU facility).				
3.5	• Adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirement shall be maintained in Intensive Care Unit area. • Intensive Care Unit should be kept at positive pressure relative to the adjacent areas. • The area temperature should be maintained at 21 °C 24 °C and relative humidity 30 % to 60% and should be adjustable. • High efficiency filters should be installed in the air handling system				
4	**Airborne Infection Isolation (AII) Room**				
4.2	One (1) Airborne infection isolation room at minimum should be provided in the critical care area.				
4.3.6	AII room perimeter walls, ceilings, and floors, including penetrations, are sealed tightly so that air				

	does not infiltrate the environment from the outside or from other spaces.				
4.3.7	Isolation room (Anteroom) with access control system				
4.3.9	An oxygen source and first-aid kit are available inside the room.				
4.3.10	Isolation Room Instruments include, but not limited to: • Intravenous (IV) solutions • Needles of various gauges • Lumbar puncture kit • Liver biopsy kit • Liver abscess aspiration kit • Pleural fluid and ascitic fluid aspiration kit.				
4.5	• Adequate ventilation and air exchange, with at least 12 air changes per hour as per ASHRAE requirements. The room kept at negative pressure with respect to adjacent area. • The area temperature is maintained at 24 °C (or plus 1 °C). • High-efficiency filters are installed in the air handling system.				
7	**Inpatient Service Areas**				
7.6	In shared inpatient rooms, the enclosed area for each bed provided with curtains to ensure patient privacy. The curtains are washable/cleanable, fireproof and maintained clean at all times.				

7.10	Patient beds are made of good quality, foldable and mobile. Next to each bed a food table and a bedside cabinet/ locker is available.				
7.12	Calling system available next to each bed.				
7.13	Adequate electrical sockets for each bed are required.				
7.14	A reading light shall be provided for each patient.				
7.19	• Adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirements, and maintained in inpatient care area. • The ventilation and air exchange kept at positive pressure relative to the adjacent areas. • The area temperature maintained at 24 °C or less and relative humidity 30 % to 60% and adjustable. • High efficiency filters installed in the air handling system.				
8	**Outpatient Areas**				
8.9.3	Hand sanitization dispensers provided in addition to handwashing stations.				
8.9.4	Provisions for hand drying available at all hand-washing stations.				
8.11	• Consultation, examination and treatment rooms maintain adequate ventilation and air exchange, with at least 6 air changes per hour as per ASHRAE requirements				

	• Ventilation and air exchange kept at positive pressure relative to the adjacent areas. • The area temperature maintained at 23 °C (or plus 1°C) and relative humidity 30% to 60% and adjustable. • High efficiency filters installed in the air handling system.			
8.12	Use of the toilet room provided within the examination and treatment room permitted for specimen collection.			
12	**Allied Health**			
12.1	Hospital provide necessary allied health services to meet patient needs based on the functional program.			
12.2	Such services may be provided on the hospital premises or by an external provider with written agreement. The provided services are in accordance with DHA regulations.			
14	**Patient Assessment**			
14.1	The hospital have policies and procedure on patient assessment that includes but not limited to:			
14.1.1	Collecting information and data on the patient's physical, psychological, social status, and health history			
14.1.2	Analyzing the data and information, including the results of laboratory and imaging diagnostic tests, to identify the patient's health care needs			
14.1.3	Developing a plan of care to meet the patient's identified needs			

14.1.4	The assessment includes patients discharge planning needs early in the hospitalization to include: medication, diet, activities, pain management and equipment.				
16	**Pediatric Care**				
16.1.	If pediatric services are provided, it should be under the supervision of DHA licensed pediatric specialist.				
16.2	General hospital that provides pediatric care and treatment in a distinct unit develop and implement written policies and procedures, which include but not limited to:				
16.2.1	The scope and care of pediatric patient.				
16.2.2	Conditions under which the parent or support persons may stay "in room" with pediatric patient.				
16.3	Beds location for pediatric patients shall be separate from adult patient and newborn infant.				
17	**Outpatient Care**				
17.2	The numbers of staff and their qualifications meet patient needs based on the type and volume of the provided services.				
17.3	Hospital providing outpatient service develop and implement written policies and procedures, which include but are not limited to:				
17.3.1	The scope of care for outpatient services.				
17.3.2	The outpatient registration procedure.				
17.3.3	Procedure for patients that need care				

17.3.4	Provision of outpatient services in accordance with physician's orders.				
17.3.5	Documentation and record filing requirements and procedures to integrate the outpatient record with existing inpatient records (if applicable).				
18	**Dentistry services**				
18.4	During the initial assessment of dental patients, general information about the patient's medical history is collected, with a focus on the cause of the visit and any complaint to the patient				
18.5	The correct procedure confirmed in the correct position of the patient's body through the time-out process and this should be documented				
18.5.1	First level of anesthesia - Dental procedures are limited to procedures that involve only limited risk after the procedure and limited complications of anesthesia. Therefore, the patient is not likely to be hospitalized as a result of these complications				
18.6.7	The devices designed for oral imaging sterilized radically after each patient has completed their examination				
18.7.2	Infection Control for dental procedures include but not limited to:				
18.7.2.1	Standard precautions				
18.7.2.2	Hands Hygiene				
18.7.2.3	Personal Protective Equipment				
18.7.2.4	Sterilization and disinfection of items used in patient care				

18.7.2.5	Environmental pollution control			
18.7.2.6	Medical waste management			
18.7.2.7	Water lines of dental unit, biological films and water quality			
18.7.2.8	Hand tools and other devices used in dentistry and related to air and water lines			
19	**Surgical Care**			
19.1.1	A DHA licensed Consultant surgeon or Specialist surgeon manage surgical services in the hospital			
19.1.2	Surgeons receive privileges from the hospital to perform surgical procedures in the facility			
19.1.3	The degree of complexity of surgical procedures are within the hospital capabilities			
19.2	Written policies and procedures are established to define the following			
19.2.1	Informed consent prior to the provision of services and surgical procedures			
19.2.2	Responsibilities for the supervision of the surgical suite and recovery room			
19.2.3	Restrictions on access to the surgical suite and recovery room area			
19.2.4	Circumstances that require the presence of an assistant during surgery			
19.2.5	Availability and administration of blood and blood products.			
19.2.6	Requirements for testing and disposal of surgical specimens.			
19.2.7	Procedures for handling infectious cases			

19.2.8	Proper attire in the surgical suite and recovery rooms area				
19.3	Proper infection control measures which include but not limited to:				
19.3.1	Sterilization and disinfection of equipment and supplies				
19.3.2	Aseptic surveillance and practice				
19.4	Maintenance of operating room records; include but are not limited to:				
19.4.1	Name and identification number of each patient				
19.4.2	Date, inclusive of time of the surgical procedure				
19.4.3	Surgical procedure(s) performed.				
19.4.4	Name(s) of surgeon/s and assistants if any				
19.4.5	Name of nursing personnel both scrub and circulating nurse				
19.4.6	Type of anesthesia				
19.4.7	Name and title of physician managing anesthesia.				
21	**Anaesthesia and Sedation Care**				
21.1.1	DHA licensed consultant or specialist anesthetist shall manage anesthesia services/department in the hospital				
21.1.2	Physicians providing anesthesia must be licensed by DHA as anesthetist				
21.1.3	In case of specialized operations e.g. pediatrics, neurosurgery, thoracic surgery and cardiac surgery the anesthetist must be competent with suitable experience to provide the anesthesia				

21.1.4	All healthcare professionals who administer anesthesia or supervise patient during anesthesia (i.e. physicians, anesthesia technicians and registered nurses in the operation theater) should maintain valid training in (ACLS) if treating adults or (PALS) if treating children				
21.2	Pre-assessment shall be conducted in the anesthesia clinic for all patients requiring more than local anesthesia. This shall include basic investigations such as Compete blood Count (CBC), Blood Glucose level, and coagulation profile				
21.3	The anesthesia clinic is physically available in the hospital and can be run by a nurse, anesthesia technician and anesthetist				
21.5	Anesthetist must be physically present during the intra-operative period and be available until the patient has been discharged from anesthesia care				
21.7	Anesthesia note/form in the health records used for documentation of all information, anesthesia agent used, dosage, assessment, consent,				
21.8	Anesthesia monitoring equipment are appropriate for the type of anesthesia provided. Provisions are made for a reliable source of oxygen, suction, resuscitation equipment, and emergency drugs				
21.9	All anesthesia equipment maintained, tested, and inspected according to the manufacturer's specifications. Preventive Maintenance Program (PMP) documented on the machines				

21.10	Emergency/crash cart is available with a plastic breakable seal that can be easily removed during emergency. It is equipped with defibrillator, necessary drugs and other CPR equipment and test strips. A log book is easily accessible to indicate the maintenance and regular check of the crash cart and its components				
21.11	The hospital maintained suitable equipments to support difficult resuscitation cases				
21.12	When anesthesia services are provided to infants and children, the required equipment, medications, and resuscitative capabilities are appropriately sized for children				
21.13	Hospital abide by the Ministry of Health regulation on maintaining narcotic medication records				
21.14	The hospital maintained a written policy on the following:				
21.14.1	Proper storage and handling of anesthesia/sedative agents				
21.14.2	Conscious sedation.				
21.14.3	Patient care at recovery room				
21.14.4	Anesthesia infection control for anesthesia machines and all anesthesia process				
22	**Critical Care Services**				
22.1	Consultant anesthetist or Specialist in critical care licensed by DHA manage services in the critical care services in the hospital.				

22.2	The critical care services provided by at least a specialist or General Practitioner (GP) qualified and trained to provide the critical care services.				
22.3	Physicians providing critical care services work within their scope of practice and hold active certification in BLS, or ACLS or PALS				
22.4	Physician coverage for the critical care is for 24-hour, the physician must be physically present in the hospital vicinity				
22.5	In case of specialized critical care patient e.g. pediatrics, neurosurgery, thoracic surgery and cardiac surgery, such critical care services provided by at least a DHA licensed Consultant Anesthetist/ Consultant in critical care competent with suitable experience to provide the services				
22.6	For each occupied bed in critical care unit, there is one Registered Nurse (RN) with suitable training and experience on duty to provide the care needed				
22.8	Emergency/crash cart is available with a plastic breakable seal that can be easily removed during emergency. It is equipped with defibrillator, necessary drugs and other CPR equipment and test strips. A log book to indicate the maintenance and regular check of the crash cart and its components				
22.9	Written policies and procedures are provided which define and describe the scope of critical care services. Not limited to and cover the following:				
22.9.1	Admission and discharge/transfer policy				
22.9.2	Conscious sedation				

22.9.3	Coronary Angiogram			
22.9.4	Temporary and permanent pace maker			
22.10	There is evidence that critical care nursing receives continuous training with competency assessment and education in the following (such as and not limited to):			
22.10.1	Recognizing arrhythmias			
22.10.2	Assisting physician in placing central lines or arterial lines			
22.10.3	Obtaining Arterial Blood Gases (ABG) readings			
22.10.4	Reading central venous pressure			
22.10.5	Central Venous Pressure (CVP) line			
22.10.6	Infection control principles			
22.10.7	Blood transfusions			
22.10.8	Blood Exchange transfusion (neonate)			
22.10.9	Glasgow coma scale (GSC)			
22.10.10	Use of the defibrillator			
22.10.11	Care of patients on ventilators			
22.10.12	Care of patients with Tracheostomy			
22.10.13	Critical care airborne infection isolation rooms are used for isolating the airborne spread of infectious diseases (e.g., measles, varicella, tuberculosis).			
22.11	Use of airborne infection isolation rooms for routine patient care during periods not requiring isolation precautions is permitted. Differential pressure requirements remained unchanged when the AII room is used for routine patient care			

22.12	HCWs dealing with infectious diseases follow the standards and precaution requirements of Centers for Disease Control and Prevention (CDC)				
22.13	All visitors use masks and head caps which discarded inside the room				
22.14	Proper disinfection control and measures strictly followed in the hospital				
22.15	Isolation room sterilized after discharging patient				
24	**Patients Discharge / Transfer Planning**				
24.1	The hospital maintain written policies and procedures concerning the patient discharge/transfer which reflect acceptable standards of practice and compliance with applicable regulations in Dubai.				
24.2	Each patient discharge from a hospital receive a written discharge plan, in non-technical language, along with sufficient oral explanations to assist the patient in understanding the plan and availability of outpatient services capable of meeting the patient's discharge needs.				
24.3	If patient is referred to another health facility for the purpose of care-continuity, the health facility should be informed about the patient case, and document its approval in the patient health record.				
24.5	A referral letter given to the patient or family/patient representative. Patient should not be sent under any circumstances to another facility without prior approval.				

24.6	Mode of transport decided based on the condition of the patient, the treating physician and the ambulance team shall decide who should accompany the patient e.g. Emergency Medical Technician (EMT), or competent physician or trained nurse in emergency/critical care.				
29	**Nutrition Services**				
29.1	• Strict hygienic conditions maintained in the hospital kitchen during preparing, storing and serving food. • Services may be provided on the hospital premises or by an external provider with written agreement. • If services are out-sourced, they should fulfill the Concerned Authority and hygiene requirements of the concerned jurisdiction				
29.2	An experienced, qualified and DHA licensed clinical dietitian with at least bachelors' degree in nutrition supervise this service. The clinical dietitian responsible for the following: (such as and not limited to)				
29.2.1	Patient's consultation and visits.				
29.2.2	Nutritional screening, assessment and reassessment				
29.2.3	Developing nutritional care plan				
29.2.4	Highlight "food-drug interaction" to physicians and document this in the patient health record				
29.2.5	Making recommendations related to patient dietary needs				

29.2.6	Follow-up with patient care team when an abnormality is recognized during screening.				
29.2.7	NPO (Nothing by Mouth) monitoring.				
29.2.8	Education of patients and their families in addition to other members of the health care team.				
29.2.9	Developing food menus.				
29.2.10	Evaluating and documenting patient's dietary intake when certain patients are on special diets				
29.3	• Catering Service area ventilation and air exchange shall be maintained with at least 10 air changes per hour. • Area should be kept at positive pressure relative to the adjacent areas. • High-efficiency filters should be installed in the air handling system.				
30	**Laundry Services**				
30.1	• Hospital provide laundry services either on the hospital premises or by an external provider with written agreement. • If the laundry is in-house it is fully equipped with machines used for cleaning and washing clothes, sheets and covers				
30.2	• Adequate ventilation and air exchange, with at least 10 air changes per hour, as per ASHRAE • Laundry Service area kept at negative pressure relative to the adjacent areas. • High-efficiency filters installed in the air handling system				

31	Sanitary Services			
31.1	Clean and hygienic water supply provided in the hospital. Water tanks maintained, clean and well closed.			
31.2	• Clean Bathrooms for outpatients provided (separate for men and women). • Every bathroom have at least one washbasin and commode with soap and hand dryer. • All the staff and patients' toilets kept clean. • Water drainage and sanitation are hygienic			
31.3	Hand rubs are available in the toilets and patient rooms.			
33	Patient Safety			
33.1	The hospital develop a system for reducing the incidence of harm.			
33.3	The nine patient safety solutions are:			
33.3.1	Look-alike, sound-alike medication names			
33.3.2	Patient identification			
33.3.3	Communication during patient hand-over			
33.3.4	Performance of correct procedure at correct body site			
33.3.5	Control of concentrated electrolyte solutions			
33.3.6	Assuring medication accuracy at transitions in care			
33.3.7	Avoiding catheter and tubing misconnections			
33.3.8	Single use of injection devices			
33.3.9	Improved hand hygiene to prevent nosocomial infections			

33.4	The hospital actively identify and manage the risks associated with patient safety				
33.5	The hospital manage high-risk drug risks and severe electrolyte solutions				
34	**Infection Control**				
34.1	The hospital have an infection control manual which includes infection prevention and control program. The manual is reviewed annually and updated as necessary.				
34.4	The hospital has a designated and qualified infection control professional(s)/committee to oversee the infection and prevention control program.				
34.7	The hospital conduct regular "in-service" and educational training sessions on the prevention and control of infections for all concerned categories of staff at least once in a year.				
34.8	The hospital have a process for the education of patients and families on infection prevention and control				
34.11.1	The hospital have policies, procedures and guidelines on ventilation, isolation, cohorting (as necessary) and other precautions to prevent and contain the spread of infectious diseases				
34.11.2	The facility must arrange the necessary procedures to examine suspected nosocomial infections within the facility				

34.11.4	The hospital have a process for isolation of patients with communicable diseases that may put others at risk of infection				
34.11.5	The hospital define isolation which may include a private room, isolation facilities or a negative pressure room				
34.11.6	The personnel educated and trained in the handling of patients with infections				
34.11.7	The hospital report infection surveillance, prevention and control information to the appropriate public health authorities in accordance with law and regulation				
34.12	The hospital have hand hygiene guidelines that are a fundamental part of the infection prevention and control plan and are evidence based and ensure:				
34.12.1	Hand washing facilities in all patient care areas accessible to patients, healthcare providers and visitors				
34.12.2	Access to safe continuous water supply at all faucets and access to necessary supplies (e.g. soap, paper towels).				
34.12.3	The personnel, patients and visitors have access to alcohol-based hand rubs at the point of care and service delivery areas				
34.12.4	The personnel and visitors have access to personal protective equipment if necessary				
34.12.5	The hospital provides education on proper hand hygiene techniques				

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34.12.6	Promotional hand hygiene reminders on display in the workplace				
34.12.7	The hospital audit and document the personnel compliance with hand hygiene and shares the results with all of the personnel				
34.13	The hospital and the infection control professional(s) is responsible for surveillance activities in identified areas hence:				
34.13.3	Surveillance activities include monitoring the effectiveness of housekeeping services				
34.13.4	The hospital have policies and procedures that oversee the cleaning and disinfection of medical equipment, devices, supplies and the environment of care and the handling, management and disposal of biomedical and other waste				
34.13.5	The hospital ensure that the environment of care is clean and disinfected				
34.13.6	Laundry and linens cleaned and disinfected in a manner that minimizes the risk of contamination to staff and patients				
34.13.7	The hospital have a process for the management, handling and disposal of sharps and needles according to it's policies and procedures and the applicable laws and regulations				
34.13.8	The sharps containers collected in puncture proof, non-reusable containers according to the hospital policies and procedure				
34.13.9	The hospital have a process for the management, monitoring and disposal of expired supplies				

34.13.10	The hospital have a proper process for waste disposal that reduces the risk of infection				
34.13.11	The hospital have a proper process for the management and handling of bio-medical and other types of waste.				
34.13.12	Appropriate personal protective measures used by all categories of staff handling bio-medical waste and any materials contaminated with body fluids				
34.13.13	The hospital follow Occupational Health and Safety guidelines according to the laws and regulations for the work restrictions for healthcare personnel and service providers with communicable diseases.				
34.14	Policies and procedures that guide the cleaning and disinfection of the hospital are available.				
34.15	The hospital have processes for the management and handling of contaminated materials and equipment				
34.15.1	Policies and procedures guide the appropriate handling of contaminated linen, infectious materials and hazardous waste according to applicable laws and regulations				
34.15.2	The hospital have the appropriate containers for handling, managing and transporting contaminated materials to an appropriately designated area				
34.15.3	If reprocessing and sterilization may be contracted to an external provider, the healthcare facility regularly monitors the quality of the services provided				

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34.16.1	The hospital have policies and procedures for the storing, handling and preparation of food				
34.16.2	Food storage, handling and preparation monitored even if food is made using pre-prepared mixes or ingredients or if the preparation is done off-site				
34.16.3	If food services are contracted to external providers the hospital have a mechanism to define and verify the quality of the storage, preparation and handling of food by the external provider				
34.17	The hospital takes appropriate actions to control outbreaks of infections				
34.18	The hospital workers shall refrain from storing food items in any fridge found in the patients' service areas which is used for storing medications or medical equipment.				
35	**Central Sterile Services Department (CSSD)**				
35.1	Designing and equipping the CSSD appropriately according to DHA requirements				
35.2	Provide a guide to the policies and procedures of the CSSD				
35.4	Decontamination area should be under negative pressure.				
35.5	Use of the insulating panel to prevent spray				
35.6	Provide adequate storage area for sterile materials and use them appropriately				
35.7	Check validity period and expiry dates regularly				
35.8	Follow the quality assurance procedures for sterilization (chemical, mechanical and biological)				

35.9	Guidance and documented continuous training process for staff at CSSD.				
35.10	Vaccinate the staff at the hepatitis B section in the CSSD, and document the process.				
36	**Pressure Ulcer Prevention (Bed Ulcer)**				
36.1	The hospital maintain and implement a policy for the prevention and management of pressure ulcers				
36.2	The incidence and impact of pressure ulcers (bed ulcers) minimized through prevention and management strategy.				
36.3	Education programs and information regarding pressure ulcer (bed ulcers) developed and evaluated by a multidisciplinary team in the hospital.				
36.4	Screening and assessment tool available in the hospital.				
36.5	Healthcare professionals use a pressure ulcer (bed ulcers) risk assessment tool to assess patients.				
37	**Patients' Falls Management Program**				
37.2	A policy exists for falls management. Patients and assessed risks of fall:				
37.2.1	On admission				
37.2.2	Following a change of health status				
37.2.3	After a fall.				
37.4	Appropriate falls reduction strategies implemented by the hospital according to identified risk factors				
40	**Patient's Rights and Responsibilities**				
40.6	The identification badge or DHA license maintained by all healthcare professionals during working hours.				

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40.10	Patient Rights and Responsibilities posted in strategic areas within the facility for easy access. The hospital must comply with all DHA regulations regarding Charter Of Patient Rights and Responsibilities.				
40.11	A written policy in the hospital is available which identify the roles and responsibilities of each hospital staff concerning patients and family rights.				
40.12	The hospital have an effective program for managing patients' complaints				
40.16	The hospital develop a policy regarding patients' belongings, with emphasis on; under anesthesia, unconscious, comatose, drowsy and severely traumatized patients				
40.17	The hospital develop a policy about treatment refusal by patient, and inform the patient about the possible expected outcomes of that refusal.				
41	**Patient Education**				
41.2	Patient education program developed and available at the hospital. The program include the nature of education, methodology, timing and frequency.				
41.3	Health education program materials available for patients and families in the hospital, this may include but not limited to the following:				
41.3.1	Demonstration on infection control for patient, medicines utilization, personal equipment use, care of surgical wound,				

41.3.2	Guideline materials related to pre-operative and post-operative preparations, radiology procedures, laser pre-treatment,			
41.3.3	Assigning health education program to competent staff e.g. diabetes educators,			
41.4	Patient education needs assessment and educational activities done and documented in the patient medical records			
43	**People of Determination Rights**			
43.1	The hospital is made accessible to accommodate People of Determination in compliance with the federal law number 29 for 2006 regarding People of Determination Rights, The following special needs requirements are mandatory:			
43.1.1	PoD parking within the hospital premises			
43.1.2	Wheelchair ramps within the hospital building			
43.1.4	Male and female PoD-accessible rest room in each floor within the hospital building			
44	**Health Records**			
44.1	A legible, complete, comprehensive, and accurate health records maintained for each patient			
44.2	Health records may be created and maintained in written paper or electronic format, or a combination of both, and contain sufficient information to clearly identify the patient, to justify the diagnosis and treatment and to document the results accurately.			
44.3	A health record include a medical history, physical examination, any pertinent progress notes, operative			

	reports, laboratory reports, radiology reports and communication with other patient relatives. It should highlight allergies and untoward drug reactions, such information shall ensure the safe and effective delivery of health care.				
44.4	Each patient health record must contain at least, but not limited to the following information ,where applicable:				
44.4.1	Identification data				
44.4.2	A unique identifier for health records				
44.4.3	A system to alert staff to patients of the same name				
44.4.4	Time and date of seeing the patient				
44.4.5	Full Patient History which includes but not limited to: (Chief complaint, Present illness, Social and psychological review, Medication Allergies, Present complaint and Previous complaints, Past medical history)				
44.4.6	Physical examination and system review				
44.4.7	Admission diagnosis				
44.4.8	All pathology/laboratory and radiology reports				
44.4.9	Properly executed informed consent forms				
44.4.10	Physicians orders				
44.4.11	Pain assessment				
44.4.12	Documentation of all care and treatment, medical and surgical, signed and stamped by attending physician				
44.4.13	Histopathology and tissue reports				
44.4.14	Progress notes of all disciplines				

44.4.15	Discharge summary				
44.4.16	Discharge card: must be given to the patient on discharge without charge.				
44.4.17	Autopsy findings; and death cause				
44.4.18	Advanced Directives (if available)				
44.4.19	Patient education				
44.4.20	Vaccination records (for pediatric patients)				
44.4.21	Police clearance certificate.				
44.5	Identification of patients with challenging behaviors identified in the health records				
44.6	Health records contain entries which are dated, legible and indelibly verified. The author of each entry must be identified and authenticated. Authentication must include: official stamp, or signature, or written initials, or computer entry.				
44.7	Copies of signed informed consent for surgical procedures or specific treatment given to the patient (e.g. chemotherapy) maintained in the patient's health records				
44.8	Relevant findings from assessments performed outside the health facility included in the patient assessment process and health record.				
44.9	All information relevant to a patient readily available to authorized healthcare professionals or in the event that a patient is transferred to another health facility.				
44.10	Patient information treated as confidential and protected from loss, tampering, alteration,				

	destruction, and unauthorized or inadvertent disclosure				
44.11	Discussions with patients concerning the necessity, appropriateness and risks of proposed surgery/procedure, as well as discussion of treatment alternatives, incorporated into a patient's health record				
45	**Informed Consent**				
45.1	Informed consent obtained by the treating physician from the patient or his Designated representative (as applicable) and after a discussion of the complication, risks, benefits and alternatives of procedures/surgeries (excluding emergency cases).				
45.2	If the patients lack the full capacity (e.g. less than 18 years old) informed consent taken from their relatives up to the fourth degree, before the procedure/surgery is performed.				
45.3	Patients provided with comprehensive and accessible information concerning treatment/procedure and alternatives.				
45.4	The hospital management clearly define investigations, treatment and surgical procedures that require patient consent				
45.5	The hospital management develop an internal consent policy and procedures that are consistent with the federal legislation including procedures for individuals lacking the capacity of making informed decisions.				

45.6	Consent form should be kept in patient health record. Consent form is bilingual and contains the following:				
45.6.1	The diagnosis, if known				
45.6.2	The name of proposed procedure or treatment				
45.6.3	The risks and benefits of proposed procedures or treatment				
45.6.4	Alternatives, and the risks and benefits of alternatives				
45.6.5	Statement that procedure was explained to patient or guardian				
45.6.6	Date and time consent is obtained				
45.6.7	Name and signature of the treating physician.				
45.6.8	Signature of person witnessing the consent (if available)				
45.8	Fertility consent forms comply with Federal Law concerning licensing fertility centres promulgating the bylaw of the Fertility Centres				
45.9	Healthcare professionals working in the hospital are informed and educated about the consent policy.				
45.10	Where consent is obtained by the visiting community physician, the hospital management ensure that the signed consent is received and filed in the patient health record.				
46	**Telephone or Verbal Orders**				
46.1	The hospital develop a policy and procedures for verbal and telephonic communications				

46.2	Telephone or verbal communications by authorized healthcare professional such as report back of clinical laboratory critical tests results are accepted and transcribed by qualified healthcare professional				
46.3	Telephone or verbal communications are documented immediately by the healthcare professional that receives the order and authenticated within 24 hours by the healthcare professional that is responsible for ordering, providing or evaluating the service furnished				
47	**Health Record Management**				
47.1	Health records room or area with adequate staff, supplies and equipment provided in the hospital.				
47.2	Health records maintained in the custody of the health facility and available to a patient or his/her designated representative through the attending healthcare professional or his/her designated representative at reasonable times and upon reasonable notice.				
47.5	Health records are safely stored to provide protection from loss, damage, and unauthorized use.				
47.6	The hospital maintain a records management policy and system that ensure: (such as and not limited to)				
47.6.1	The secure, safe and systematic storage of data and records				
47.6.2	Timely and accurate retrieval of records stored on or off-site				

47.6.3	Patient privacy when information contained in records is release or communicated for care				
47.6.4	Retention of records				
47.6.5	Destruction of records is in compliance with all relevant health records regulations and guidelines (incinerating or shredding for hard copy Hospital Regulation, wiping disks clean or the disks physically destroyed for electronic records).				
47.8	Clinical classification is undertaken for all inpatient admissions in accordance with the International Classification of Disease 10 (ICD10).				
48	**Monitoring Quality of Service**				
48.3	Evidence of continuous quality improvement plans (strategic and operational plans), quality improvement policy, reports of quantitative and qualitative performance data, complaints management policies, and educational plan.				
48.4.7	DHA audit the quality management program to determine its compliance.				
49	**Hospital Accreditation**				
49.2	The Hospital is accredited by ISQua accredited organizations officially published on the ISQua website http://www.isqua.org/accreditation/iap-awards . The list is an example and not conclusive: 3.3.1. Joint Commission International , JCI 3.3.2. Accreditation Canada International, ACI 3.3.3. Australian Council for Healthcare Standards International, ACHSI				

50	Risk Management				
50.1	The hospital have an integrated hospital-wide risk management policy and system to ensure that corporate and clinical risks are identified, minimized and managed				
50.2	The hospitals establish a system that identifies, analyses, evaluates, treats and continuously monitors and reviews risks.				
51	**Complaint System**				
51.1	Complaint management policies are exist and communicated clearly to patients and staff				
51.3	The hospital develop a written procedure that ensures prompt and complete investigations of all complaints which are filed against the hospital healthcare professional or employees. The procedure include, at a minimum, the following provisions:				
51.4	Designation of a senior member of the hospital administration as the person responsible for overseeing the investigation of complaints lodged.				
51.5	Written process and procedures of complaints investigation which include a process of fact-gathering, creation of a complaint file, investigation carried out and outcome of investigation including action taken, if any				
51.6	Notification of the complainant of the outcome of the investigation				
51.7	Complaints related to medical issues are reported to DHA				

56	**Medical Director**				
56.2.5.	Establish objective criteria for physician privilege in the hospital and maintain records of authorization outcomes and benefits.				
58	**Hospital Technical Committees**				
58.1	Based on the hospital activities, bed capacity and clinical services provided, the hospital maintain suitable technical committees under the medical director's supervision.				
58.3	The technical committees in the hospital include, but not limited to the following:				
85.3.1	Infection control committee				
58.3.2	Credentials and privileges committee				
58.3.3	Health and Safety committee				
58.3.4	Morbidity and mortality committee				
58.3.5	Blood utilization and transfusion review committee				
58.3.6	Pharmacovisilance Committee				
61	**Medical Staff Minimum Requirements**				
61.2	All Medical staff shall hold an active DHA license and work within their scope of practice.				
61.3	Each clinical department have a designated head, medical staff assignment meets the following:				
61.3.1	At least one full time consultant available to manage each of the following specialties: medical, surgical, pediatric, obstetrics and gynecology, anesthesia.				
61.3.5	In-patient beds responsibilities for GP or specialists' physicians are not exceed ten (10) beds per				

	physician in general wards, under direct supervision of specialist or consultant in the same specialty.				
61.3.6	Sufficient number of registered nurses on duty at all times to plan, supervise and evaluate nursing care. The hospital meet DHA Nursing Staff ratio, (appendix 13) as minimum nursing staffing requirements as per Unified National standards for hospitals.				
61.3.7	The number of DHA licensed registered nurses and nurse assistance assigned to each department/service are consistent with the types of nursing care needed, refer to (appendix 13) as per Unified National standards for hospitals.				
61.3.8	One (1) full time specialist/consultant Pathologist is available to manage the clinical laboratory services in the hospital.				
61.3.9	At least three (3) DHA licensed medical laboratory technologist available to in the hospital to provide basic laboratory services.				
61.3.10	One (1) full time specialist/consultant Radiologist is available to manage the diagnostic imaging services in the hospital.				
61.3.11	At least three (3) licensed radiographer are available to the hospital to assist in the provision of diagnostic imaging services.				
61.3.12	To provide mammography services at least one (1) female radiographer is required.				
62	**Healthcare Professionals Certification Requirements**				

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62.1	All healthcare professionals who provide patient care maintain valid training/certification in basic Cardiopulmonary Resuscitation (CPR) or Basic Life Support (BLS)				
62.2	All healthcare professionals working in Critical Care services area and Operation Theater maintain a valid training/certification in Advanced Cardiac Life Support (ACLS).				
62.3	Healthcare professionals working in specific area must be competent and maintain specific training or certification such as:				
62.3.1	Nurses and physicians in NICU suite: Neonatal Resuscitation Program (NRP)				
62.3.2	Midwives and physicians in labor suits: continuous training program on Cardiotocographic (CTG) machine				
62.3.3	Nurses in OT: training in assessment and monitoring patients under sedation.				
62.3.4	Nurses in OPD: Pain assessment and management and Insertion of Intravenous (IV) lines.				
63	**Health Care Workers Immunization Requirements**				
63.1	A comprehensive policy to oversee the vaccination and immunizations for all HCWs				
63.2	Arrange the vaccination of HCWs for free.				
63.5	Proof of current HCW's immunization for the recommended agent is maintained along with a central system to track the vaccination status of				

	HCW's, refer to (appendix 13) as per Unified National standards for hospitals.				
64	**Hospital Safety Management Systems**				
64.4	The safety management system include fire safety, hazardous waste management, emergency plans, security, and any other risks				
64.5	The hospital management designate one full time trained safety officer.				
65	**Fire Safety**				
65.1	Establish a fire safety plan according to the Dubai Civil Defense Department requirements for early detection, confining, extinguishing, and rescuing of patients				
65.3	Establish and implement a No Smoking policy				
65.6	Maintain fire safety equipment and test fire protection and emergency communication systems				
65.7	Train staff to respond to a fire event in the building				
66	**Hazardous Substances and Dangerous Goods**				
66.1	Adequate space and ventilation for safe handling of hazardous materials.				
66.2	Each department have a current and updated list of hazardous substances and dangerous goods used in their area, the list covers:				
66.2.1	Purpose of use				
66.2.2	The responsible person				
66.2.3	Permitted Quantity				
66.3	All substances clearly labeled; this includes anti-neoplastic drugs and radioactive material. All				

GOVERNMENT OF DUBAI

DUBAI HEALTH AUTHORITY

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	corrosives, acids, and toxic material, hazardous gases and vapors, anesthetic gases.				
66.4	Hospital facilities dealing with hazardous substances have protective clothes or equipment as required.				
66.5	Material Safety Data Sheets (MSDS) available for staff at point of use and for Department of Civil Defense in case of emergency				
66.6	Hazardous substances properly labeled and maintained on a register of all hazardous substances in the workplace. Labels should never be altered and substances should be stored in their original containers				
67	**Waste and Environmental Management**				
67.1	The waste management policy cover handling, storing, transporting, and disposing all kinds of waste such as:				
67.1.1	Clinical waste				
67.1.2	Chemotherapeutic waste				
67.1.3	Radioactive waste				
67.1.4	Hazardous gases				
67.1.5	Anesthetic gases				
67.2	Waste management streams identified and signage is displayed.				
67.3	Proper storage and containers for disposing waste material.				
67.4	Contracting with a specialized company to transport and destroy medical waste materials is according to				

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	the conditions issued by DHA and Dubai Municipality				
67.5	Disposing medical liquids, drugs, solutions and dangerous chemical materials into usual sewage disposal is strictly prohibited.				
67.6	Cleanliness throughout maintained by trained domestic staff.				
68	**Medical Equipment and Supplies**				
68.1	Maintain effective Preventive Maintenance (PM) as per the manufacturer recommendations, the hospital shall have the following (such as and not limited to):				
68.1.1	Electrical Safety Tests for equipment and devices during installation, and preventive maintenance, and after major corrective maintenance, must be documented.				
68.1.2	Each equipment shall have a revision checklist that includes maintenance schedules, failure conditions, and maintenance performed.				
68.2	The hospital shall have the following (such as and not limited to):				
68.2.1	Safety manuals at biomedical workshops				
68.2.2	Operator manual for equipment at each department/section using the equipment.				
68.3	The hospital maintain written policy for providing identification and naming card on medical equipment:				

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68.3.1	Preventive maintenance testing date and due date				
68.3.2	Inventory number				
68.3.3	Removal from service				
68.3.4	Safety checks				
68.3.5	Condition of device sterilization (clean or not)				
68.4	Maintains a written policy on removal of equipment from service				
68.6	Eliminate the use of extension cords				
68.7	Healthcare professionals (physicians, nurses, allied health) are trained to operate the medical equipment assigned to them.				
68.8	Maintain an inventory of all equipment and their location.				
68.11	All equipment are tested and calibrated using appropriate test equipment and calibration.				
68.12	Reports of accidents of medical devices and equipment and corrective measures taken at the hospital should be kept in hospital.				
68.16.1	Policy and procedure developed and implemented to enable the withdrawal of any product, device or equipment from the service and then use this product or the withdrawn device thereafter.				
68.17	A source of emergency electricity to feed the most important areas of electricity when public electricity is cut off.				
68.18	Assessment and management system for all detectors and supplies, including water, in order to				

	achieve accurate and reliable testing procedures and results				
68.18.1	Detectors and supplies are named correctly as follows:				
68.18.1.1	The scientific name				
68.18.1.2	Intensity or concentration				
68.18.1.3	Storage conditions and considerations				
68.18.1.5	Date of preparation or receiving date and opening date				
68.18.1.6	Expiration date or effectiveness				
69	**Emergency and Disaster Management**				
69.1	Plans for dealing with external disasters emergencies in the community.				
69.2	Conduct regular emergency practice/drill exercises including fire and evacuation.				
69.4	Plans to deal with the Internal Disasters emergencies.				
69.5	Hospital-wide posted evacuation maps indicating locations of the following:				
69.5.1	You are here				
69.5.2	Fire extinguishers				
69.5.3	Fire hose reel/cabinets				
69.5.4	Fire blankets				
69.5.5	Escape routes				
69.5.6	Assembly points				
69.5.7	Fire exits				
69.5.8	Call points break glass / pull station				

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69.6	External service providers comply with the hospital requirements for the prevention of emergencies.				
69.7	Staff are educated and trained at orientation and annually in fire and evacuation.				
69.8	Documented evidence that an authorized external provider undertakes a full fire inspection in accordance with applicable legislation				
70	**Security Management**				
70.3	Hospital-wide security policy, which includes identification of Hospital Staff, Temporary Employees and Contractor staff by badge				
70.4	Written policies on the following that include, but not limited to:				
70.4.1	Lost and Found items				
70.4.2	Safe keeping of patients' belongings				
70.4.3	How to contact the local police, in case of need				
70.5	Restricting access to sensitive areas by Security Personnel / or Security System, like: Delivery, NICU, Nursery, Female Floors, Operating Room and CSSD				
70.6	Written policy related to Involvement of police in case of mental disorders, Motor vehicle accidents Murder cases, and neonatal and child abduction.				