

Renal Dialysis Unit Inspection Checklist - Random

Name of the Renal Dialysis Unit : _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
14	Reception and Waiting Area				
14.1	A reception/information counter or desk shall be located to provide visual control of the entrance to the RDU				
14.2	Male and female waiting area for patients may be provided or be shared with other adjacent departments in case the dialysis unit is not independent. Escorts will be under staff control				
14.3	Waiting area may be provided with provision of drinking water.				
14.4	Facilities for alcohol-based hand rub/ sanitizer dispensers should be available in all patient areas				
14.5	The waiting area must accommodate the functional requirement of the facility with allocating at least two seats per each dialysis station (2:1).				
14.6	Where pediatric service provided in the facility, a separate controlled area for pediatric patients shall be designated.				
14.7	Wheelchairs shall be accommodated within the waiting area				
14.8	Toilet(s) for public use shall be conveniently accessible from the waiting area without passing through patient care or staff work areas. A hand-washing station shall be provided in the toilet room.				
17.	The Dialysis treatment area/room				
17.1	Layout				
17.1.7	A dialysis station may be designed to have comfortable couches or chairs specially designed for dialysis purposes				
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.				
17.1.8.2	For patients with Communicable diseases, it is mandatory that the waste disposable bags used should be Yellow in colour.				

17.1.8.3	Waste disposal must be done after every 2 patients and must be taken outside to the soiled work room for disposal.				
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.				
18	Isolation rooms				
18.1	there should be separate areas/room(s) for dialyzing patients with conditions that require isolation. This area should have independent water supply and drainage facilities.				
18.2	Isolation rooms must be in accordance with international guidelines and must be categorized as follows:				
18.2.1	Airborne Infection Isolation (All) Room				
18.2.2	Blood borne Infection Isolation Room(s) shall be at least two separate rooms as follows:				
18.2.2.1	For HBV patients room shall be color coded with Blue Color				
18.2.2.2	For HCV patients room shall be color coded with Yellow Color				
19	Storage room				

19.2	The storage area should be temperature controlled				
19.4.	All material should be clearly marked with expiration dates.				
20	Support areas for Dialysis Patient care				
20.1.	Administrative activities				
20.1.1.	Clerical space or rooms for typing and clerical work.				
20.1.2.	Multiuse rooms for meetings, and health education.				
20.2.	Medication station/ medication preparation area- There shall be a medication dispensing station or a medication preparation area for the dialysis unit. Provisions shall be made for the controlled storage, preparation, distribution, and refrigeration of medications				
20.3.	Medicine Storage Area- An enclosed area close to the medication station or medication preparation area				
20.4	Health records filing cabinets and storage shall be provided for the safe and secure storage of patient's health records with provisions for easy retrieval. Provisions shall be made for proper securing of the health records				
20.6	Clean Supply room- This room is used for preparing patient care items, it shall contain the following:				
20.7	Soiled workroom -A soiled workroom shall be provided with in close proximity to the dialysis unit				
20.8.	Equipment and supply storage				
20.9	Clean linen storage				
20.10	Wheel chair storage place- a designated area				
21	Water Quality				
20.1.	The water used for dialysis shall be treated by RO and/or deionizers to provide a quality of water				
20.2	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 to ensure that standards are met				
20.3	Regular sterilization of the plant equipment and pipes at a minimum of monthly interval. Each water point has to be tested along with chemical analysis.				
20.4	The nephrologist in charge or the medical director of the renal dialysis unit is responsible for ensuring that				

	these tests are carried out by DHA licensed laboratory registered to perform these assays. An in house chemical laboratory is preferable. The records shall be kept and made available for inspection by DHA.				
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.				
22.7	The RO should be either in a separate room. In case of a portable RO, it should be within a recommended distance from dialysis machines as specified by the manufacturer.				
22.8	The RO system must not be linked to general toilet facilities or placed in general bathrooms.				
22.9	There should always be a backup machine available for patients.				
23	Staffing				
23.1.	Physicians- Nephrologists				
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)				
23.1.6	The nephrologist must ensure adequate monitoring of patients during dialysis, and subsequent outpatient aftercare				
23.1.7	Ratio of nephrologist to patients is one nephrologist to thirty five patients– 1:35				
23.1.16.	There shall be a documented Quality Assurance Program (QAP) to ensure quality patient care through objective and systematic monitoring, evaluation, identification of problems and action to improve the level and				
23.1.16.1	Documented policies and procedures related to the safety while conducting all patient care activities				
23.1.16.2	Documented regular biannual reviews of the policies and procedures.				
23.1.16.3	Documented reviews of deaths, accidents, complications and injuries arising from dialysis treatment				
23.2	Nursing Staff				

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	Renal Dialysis Technicians				
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.				
23.3.7	training program for a renal dialysis technician				
23.4	Dialysis Attendants/ Sanitation Personnel				
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.				
23.4.3	The dialysis attendant/ sanitation personnel must be responsible to clear the waste from the disposable waste bins present in every dialysis station and take it to the soiled work room for proper disposal.				
23.5	Dietician				
23.5.1	There should be at least one dietician, who should maintain progress notes of all patients treated in the RDU				
23.6	Pharmacist				
23.6.1	A DHA licensed pharmacist shall be in charge of maintaining the medicines and solutions that would be administered to patients				
23.7	Medical Social Worker				
23.7.1	There should ideally be some medical social workers associated with RDU.				
23.8	Infection Control Nurse				
23.8.1	To perform regular audits, conducts surveillance of cultures and insures best practice for patient access				
24	Dialysis equipment				

24.1	Dialysis machines shall be equipped with monitors and audio-visual alarms to ensure safe dialysis.				
24.2	The nephrologist in charge is ultimately responsible to ensure that all dialysis equipment is in proper working condition and that the necessary safety devices are fitted and in working order				
25	Patient Assessment				
25.1	The RDU shall have policies and procedures on patient assessment				
27	Critical Care Services				
27.1	The RDU must have an agreement with a Hospital with an Intensive Care Unit (ICU) which must be accessible within a maximum of 10 minutes' drive from it.				
27.3	Critical care equipment must be immediately available at the RDU for immediate and safe provision of care if required.				
28	Emergency Services				
28.3	Ensure there is an ambulance available at any given time to transfer the patient to a hospital in case of any medical emergency.				
28.4	Ensure that there is a contract with a facility that outsources ambulances in case there is no in-house ambulance.				
28.7	Emergency drugs, devices, equipment and supplies must be available for immediate use in the emergency area for treating life threatening conditions.				
29	Transfer Planning				
29.1	The RDU shall maintain policies and procedures concerning patient transfer which reflect acceptable standards of practice and compliance with applicable regulations in Dubai.				
30	Infection Control Practices				
30.1	General Precautions				
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.				
31	Safety				

31.1	There must be provision for emergency electric power supply for life-saving equipment in case of power failure				
31.3	Fire precautions must be taken and fire escapes shall be clearly visible.				
32	Death of Patient/ Care of Deceased Patients				
32.1	Death in a RDU would be considered a sentinel event. A policy for mortuary management covering this rare and tragic event shall be available in the facility				
32.2	In case of patient death, the RDU shall be responsible for overseeing the transportation of deceased patients from the dialysis unit to mortuary.				
32.3	The RDU shall maintain a policy in handing dead bodies which assure respect and dignity of the deceased				

Inspectors: (Name & Signature)

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2. _____
3. _____
4. _____